

Maryland Department of Health and Mental Hygiene Information Technology Master Plan

Fiscal Year 2004



Nelson J. Sabatini, Secretary • Asa R. Frost, Jr., Chief Information Officer

Departmental Web Site: www.dhmh.state.md.us

TABLE CONTENTS

INTRODUCTION.....	
Purpose.....	
Section I. General Agency Information.....	
Section II. Information Technology Organization.....	
Section III. Electronic Government	
Section IV. Information Technology Project Summaries.....	
Section V. Attachments	
Attachment A.....DHMH Organizational Chart	
Attachment B.....DHMH Strategic Map	
Attachment C.....Information Resources Management Organization Charts	
Attachment D.....DHMH Potential Web Enabled Public Service and Information Inventory	
Attachment E.....DHMH Data Systems Directory	
Attachment F.....DHMH Telecommunications Plan	
Attachment G.....DHMH eGovernment Infrastructure Plan	
Attachment H.....DHMH Architecture and Standards	
Attachment I.....DHMH Information Technology Positions	
Attachment J.....DHMH IT Equipment Inventory	
Attachment K.....DHMH Hardware and Software Standards	
Attachment L.....DHMH Information Technology Policies/Protocols	
Attachment M.....Summary of IT Project Submissions	
Attachment N.....ITPR Investment Project Detail	
	HIPAA (Medicaid)
	HIPAA (IRMA)
	eSAMIS
	HMIS
Attachment O.....ITPR Operations and Maintenance MMIS First SX	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INFORMATION TECHNOLOGY MASTER PLAN

Fiscal Year 2004

Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) developed the Information Technology Master Plan (ITMP) to promote the use of technology resources, improve the health services that are provided to the citizens of Maryland and provide technology guidance to departmental units. It also helps ensure that the Department follows a consistent and coordinated approach in accordance with statewide information technology objectives. In a time when information technology changes constantly, the ITMP is the Department's best effort to project the direction of its information technology efforts based on federal and State legislation, agency initiatives and current trends. Agency information technology staff continually plans for the future using best practice standards and the latest available knowledge to provide the citizens of Maryland with the best health services and information.

Purpose

The purpose of the Information Technology Master Plan is to provide a framework for the deployment of information resources vital to the fulfillment of the Maryland Department of Health and Mental Hygiene's mission.

Section I. General Agency Information

A. Name of Agency

Department of Health and Mental Hygiene

B. Organizational Chart – (Attachment A)

C. Vision Statement

The Department of Health and Mental Hygiene's (DHMH) vision is Leading the Way to a Healthy Maryland in the New Millennium.

D. Mission Statement

DHMH promotes the health of all Maryland citizens by providing health and support services; by improving the quality of health care for all; by providing leadership in the development and enactment of responsible and progressive health care policy; and by serving as the advocate for public health initiatives and programs to improve the quality of life for all Marylanders. Maryland's public health is our business.

E. Description of State Function

1. Priorities and Goals

The Department has identified five priority areas and associated outcome goals for the Department of Health and Mental Hygiene. They are:
(See also Attachment B)

HEALTH CARE QUALITY

A Maryland health care delivery system that values the standards of quality of service, continuous improvement and accountability and ensures that the most appropriate services are delivered to all who need them.

Outcome Goals:

- Improve quality of care in the regulated industry
- Improve quality of care in State financed programs
- Improve quality of care in State-operated programs and local health departments
- Ensure quality of care through licensed health care professionals

HEALTH CARE ACCESS

Availability of a comprehensive range of appropriate (community-based vs.institutionalized) health and mental health services for all Maryland citizens regardless of income, location or personal circumstance.

Outcome Goals:

- Assure health care coverage
- Improve access to support services for individuals with disabilities
- Assure sufficient supply of providers and services
- Reduce barriers to appropriate utilization of services

PUBLIC HEALTH IMPROVEMENTS

The provision and promotion of activities that safeguard and improve the health and well-being of Marylanders and communities from illness and injury.

Outcome Goals:

- Improve children's well being
- Improve maternal well-being
- Reduce chronic disease
- Reduce infectious disease
- Reduce injury, illness and death through prevention efforts

HEALTH CARE POLICY

Consistent advocacy, guidance and direction provided by DHMH to ensure enhanced coordination, collaboration and cooperation among agencies responsible for health care planning and program development.

Outcome Goals:

- Improve the coordination of health policy development

INFRASTRUCTURE

The administrative functions necessary to support the operation of all DHMH program units. This includes budget, personnel, training, information technology and other support areas, as well as environment/space.

Outcome Goals:

- Ensure well-qualified workforce
- Ensure a physical work environment that promotes work effort
- Provide reliable access to accurate, secure and timely electronic information
- Provide internal support services and goods in an efficient, timely and customer friendly manner

In addition to the priorities and goals, the Department has established a crosscutting goal to improve internal and external customer service.

2. Organizational Functions

The Department of Health and Mental Hygiene is led by Secretary Nelson J. Sabatini. and carries out its functions through the Executive Operations and Quality Management Programs and three Deputy Secretariats – Health Care Financing, Public Health Services and Operations. The following is a brief summary of the functions of each:

Executive Operations and Quality Management Programs

In 1999 the Secretary reorganized several units within the Department to establish the Quality Management Programs (QMP) within the Office of the Secretary. The units that comprise the QMP are the Office of the Inspector General, the Office of Health Care Quality, the Cigarette Restitution Fund Program, and 19 Health Occupations Boards and the Kidney Commission.

The reorganization of these units has focused on increasing the quality of services through the collaboration of health occupations, licensing and internal auditing functions. The clustering of these interconnecting, interdependent components has resulted in a more efficient quality management system.

The **Office of Health Care Quality (OHCQ)** is mandated by state and federal law to determine compliance with respect to quality of care and life standards within a variety of health care services, facilities and related programs. The OHCQ implements established public policy to ensure the health and safety of consumers through a fair survey and enforcement process; licenses, certifies and/or approves providers of care and services; works cooperatively with federal and state agencies, advocates, and providers to improve quality of care and life for consumers; and provides accurate information to the public.

The **Health Occupations Boards and Commissions**, including the Board of Physician Quality Assurance and the Maryland Board of Nursing, are autonomous and are responsible for licensing health professionals and/or organizations and investigating complaints related to health professional competence. The Commission on Kidney Disease sets physical and medical standards for dialysis and transplant facilities throughout the State. The Commission certifies, surveys and regulates these facilities to ensure that quality health care services are provided. The vast majority of the Health Occupations Boards/Commission are special funded, i.e., funded through revenues received from issuing licenses, assessing late fees and disciplinary penalties.

Deputy Secretariat for Health Care Financing

The Deputy Secretariat for Health Care Financing (HFC) is responsible for the oversight of the State's Medical Care Programs, which includes: Medical Assistance (Medicaid), Pharmacy Assistance, Kidney Disease and the Maryland Children's Health Program. These programs provide services to nearly 510,000 low-income and disabled individuals and families.

The vision of HCF is for Marylanders to have access to quality health care services through a variety of delivery systems that serve as national models in the health care industry. Strong partnerships between State and local governments, the business community, and all of the health care providers contribute to healthy people in health communities. This is realized through its assurance that Marylanders have access to cost-effective quality health care service and is achieved by providing leadership and oversight to the Maryland Medicaid Program and regulatory commissions.

Other units within the Deputy Secretariat include the regulatory commissions – the Maryland Health Care Commission and the Health Services Cost Review Commission.

The Maryland Health Care Commission is charged with the responsibility to develop, implement and monitor new health policies including: 1) a database on all non-hospital health care services; 2) comprehensive standard health benefit plans for small employers; 3) fiscal impact of state mandated benefits; 4) quality and performance measures for health maintenance organizations; 5) quality and performance measures for hospitals, ambulatory care facilities and nursing homes; 6) electronic claims clearinghouses; 7) state health planning functions to produce the State Health Plan; and 8) certificate of need program for regulated healthcare entities.

The Health Services Cost Review Commission is charged with the responsibility of containing hospital costs, maintaining fairness in hospital payments, providing for financial access to hospital care and disclosure of information on the operations of hospitals in the State. The Commission is involved with the resolution of financial problems that may threaten the solvency of efficiently run institutions. It assures all purchasers of hospital health care services that the cost of said institutions are reasonable, the rates are set in reasonable relationship to aggregate costs and the rates set without discrimination.

Deputy Secretariat for Public Health Services

The Deputy Secretariat for Public Health Services (PHS) is responsible for policy information and program implementation affecting the health of all Maryland citizens through the Community Health Administration, the Family Health Administration, the AIDS Administration, the Laboratories Administration, the Alcohol and Drug Abuse Administration, the Mental Hygiene Administration, the Developmental Disabilities Administration, the Office of the Chief Medical Examiner and the Anatomy Board. The mission of PHS is to improve the health status of individuals, families, and communities through prevention, early intervention, surveillance and treatment; as well as, to provide an accessible, timely, fair and efficient administrative system to protect, advocate and preserve the civil and legal rights of persons in facilities and community-based programs for the mentally ill and the developmentally disabled throughout the State.

The PHS promotes health behaviors in individuals and families through community-based interventions and partnerships that aim to protect the health of at-risk and vulnerable populations by providing their access to quality health care and prevention services. This is accomplished through the 24 local health Departments (LHD) in Maryland, one for each of the counties and the City of Baltimore. These local health departments are the focal point of Maryland's public health services.

Deputy Secretariat for Operations

The Deputy Secretariat for Operations provides support services to DHMH. These include financial planning, expenditure control, personnel management, procurement, general services, information resources management, vital records (birth, death, marriage, divorce, adoption and legitimization records for Maryland), health statistics, grants administration, capital construction, regulation coordination, volunteer services, governmental relations, legislative affairs, community relations, public relations and executive nominations.

F. Location

The Department of Health and Mental Hygiene operates throughout the State of Maryland. Headquartered at the State Office Complex in Baltimore and several satellite locations, the DHMH operation is comprised of thirty-two Administrations, Offices, Boards and Commissions. In addition, there are local health departments covering the twenty-three Maryland counties and Baltimore City.

There are also seventeen facilities and the Maryland Psychiatric Research Center providing services for Maryland citizens.

Section II. Information Technology Organization

A. Name of Organization

Information Resources Management Administration

B. Organizational Chart (Attachment C)

The Information Resources Management Administration (IRMA) is responsible for implementing the guidelines set forth in the State of Maryland Information Technology Master Plan for the Department of Health and Mental Hygiene (DHMH) and operates in conjunction with the Health Information Coordinating Council (HICC). The IRMA is comprised of the following:

Director's Office

The Director's Office provides direction for DHMH information resources management. This is accomplished through (1) formulating overall DHMH information resources strategy and related policies, procedures and fiscal controls; (2) managing and coordinating the development, implementation and operations of information systems using a variety of computer platforms; (3) planning and managing the DHMH Internet and Intranet development; (4) providing support of information processing goals and objectives; direction and oversight for eGovernment initiatives; (5) providing a full range of hardware and software customer services; and (6) development and implementation of the DHMH local area network (LAN) and wide area network (WAN); and (7) information security and privacy. The Director functions as the DHMH Chief Information Officer.

Information Systems Division

The Information Systems Division provides applications development support to a growing number of DHMH administrations. The Systems Development Branch provides services such as: designing, developing, integrating, testing and implementing reliable and secure customized systems for the Internet, Intranet and Client-Server environments.

GIS is the newest unit of the Division. It is principally responsible for developing the department's GIS capacity. The unit maintains database servers, application servers and a web server as the primary geographic information source. The unit also develops and maintains the department's spatial data level database and GIS applications as well as providing technical GIS support and training to the department and staff.

In addition, this Division provides system analysis; design and programming support for automated applications installed on the mainframe and midrange computer systems. Some 70 administrative and programmatic systems and more than 4,300 batch and on-line application computer programs covering accounting, human resources, vital records/health statistics and other health related program areas are maintained on the mainframe alone. Electronic transfer of data files to and from DHMH facilities and the Annapolis Data Center are also supported by the division through the use of the attended and unattended communication polling processes.

This Division also includes the Hospital Management Information System (HMIS), which is an integrated network of ten IBM midrange systems supporting 20 State operated Inpatient Facilities. HMIS provides a centralized billing module and distributed admission/discharge/transfer (Census) module at each facility, as well as on-line, real time Pharmacy order entry/dispensing module. On a daily basis, census transactions from each facility are formatted and subsequently transmitted to the central office for processing with the statewide database used for centralized monthly billing cycles and statewide patient tracking. Strategies for development of an integrated electronic medical record are underway.

based upon requirements for future fee for service billing and Health Insurance Portability and Accountability Act (HIPAA) compliance.

Information Technology Support Division

The Information Technology Support Division provides comprehensive Information Technology (IT) customer services to all DHMH units. Responsibilities include IT Project Planning, network systems analysis, local and wide area network implementation and support, data communications support, Internet and Intranet access, software, hardware, and equipment purchasing and allocation, technical support of installed hardware/software, PC/printer repairs, virus repairs and equipment transfer/moves. Other responsibilities include departmental microcomputer policies, standards and procedures. Technical support to remote headquarters, facilities and to local health departments is limited to Internet, Intranet and wide area routed frame relay communications and consultation.

The Department of Health and Mental Hygiene Information Coordinating Council (HICC) has developed a plan for infrastructure enhancements for all programs within DHMH and to provide the programs with access to the DHMH network; and to maintain the network.

The ITSD provides information technology support to eGovernment initiatives.

Policy, Planning and Administration Division

The Policy, Planning and Administration Division is responsible for fulfillment of a variety of administrative functions including: IRMA information technology procurements, Internet and Intranet services; distance learning activities; information technology training, and information technology strategic planning and policy development. The Division is responsible for the DHMH Information Technology Master Plan and for Information Technology Project Requests.

The IT Training, Distance Learning and Special Projects branch is tasked with the responsibility of providing information technology training to the employees of the Department, as well as distance learning technology and data eradication services to the DHMH throughout the State.

The Division also is responsible for IRMA's fiscal management, personnel transactions, records management, physical inventory, Managing for Results requirements, telecommunications requests and special projects.

Computer Operations Division

The Computer Operations Division provides a variety of mainframe-based Data Processing customer services to all DHMH units. These services include: data entry, electronic billing, production control and laser/impact printing. This Division also provides operational support to the Hospital Management Information System (HMIS) and both operational and data entry support to the Maryland Women, Infants and Children (WIC) program.

Data Entry, HMIS, Electronic Billing, Production Control/Laser Printing and WIC Operations provide internal/external support services such as reports, billing transmission, key-entry system operation support in an efficient, timely and customer friendly matter. The Computer Operations Division is currently operating a Xerox 4635 and a Xerox Docuprint 96 in the Laser Printing Center, which provides DHMH with appropriate printer backup ability to meet all mainframe printing needs.

C. Vision/Values Statement

Vision: Innovative technology for quality health information and services

Values: IRMA's guiding principles are communication, teamwork, career growth and performance.

D. Mission Statement

Mission: IRMA's mission is to coordinate, plan, develop and maintain Department-wide information resources; to provide technological support, information services and electronic communications in a prompt, secure and reliable fashion; to recommend uniform information technology policies, standards and procedures; and to assure access to accurate, timely and complete information in accordance with the DHMH Information Technology Master Plan.

E. Goals and Objectives

Goal 1 – Lead the improvement of information management in DHMH through collaboration, sharing and use of information.

Objective 1.1 – To achieve 100% compliance with identified Health Insurance Portability and Accountability (HIPAA) requirements.

Strategy – Facilitate technical, logistical and operational support for HIPAA compliance within DHMH.

Performance Measure 1.1a – Measure Departmental HIPAA related workgroup accomplishments in relation to established plan.

Output Measure:

	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>
% of DHMH staff and partners trained on HIPAA privacy requirements	N/A	3	100	100
% of systems in compliance with HIPAA requirements for standardized transactions	N/A	0	50	100
% of systems that employ HIPAA code sets	N/A	0	50	100
Compliance with HIPAA security regulations	N/A	0	0	50

Goal 2 – Improve the ease of access to and availability of DHMH information.

Objective 2.1 – By June 30, 2004, 60% of identified information and services will be available online.

Strategy – facilitate technical, logistical and operational support for DHMH compliance with the eGovernment initiative.

Performance Measure 2.1.a –Measure Departmental eGovernment related workgroup accomplishments in relation to established plan.

Performance Measure 2.1.b – Percentage of business services and information provided online.

Outcome Measure:	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>
% of information and services available online	N/A	50	65	80

Goal 3 – Provide responsive and reliable computer operation services to DHMH

Objective 3.1 – During FY2004, 98% of service requests received will be completed within standard service agreement time frames.

Strategy – Staff will adhere to service agreement parameters for work completion.

Performance Measure 3.1a – Time period for completion of service requests.

Output Measure:	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>
Production log	12	12	12	12

Outcome Measures:	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>
Service requests completed within established time frames (%)	95	98	98	98

Goal 4 – Meet Department requirements for network infrastructure.

Objective 4.1 - By June 30, 2004, the Wide Area Network (WAN) and the Internet will provide sufficient bandwidth to operate with 99% reliability within available resources.

Strategy – Continued training of information technology support staff to improve technical knowledge, skills and abilities.

Strategy – Procure hardware, software and services to maintain the infrastructure and network reliability.

Performance Measure 4.1.a – Percentage of network reliability during business hours.

Output Measures:

	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>
Wide Area Network locations	60	81	90	109
Wide Area Network Bandwidth	56K	1.54Mb.	1.54Mb.	1.54Mb.
Internet Bandwith	1.54Mb.	10Mb.	10Mb.	10Mb.

Outcome Measures:

Network Reliability (%)	95	99	99	99
-------------------------	----	----	----	----

Goal 5 IRMA information technology procurements will be completed on time and within budget

Objective 5.1 During FY 2004, 100% of information technology contracts will be completed within specified time periods and budget allowances.

Strategy: Verify all invoices and track all payments within 10 working days to avoid overages.

Strategy: Initiate quarterly status report forms to monitor contracts.

Performance Measure 5.1.1. Number and percentage of IRMA information technology contracts that are completed on time and within budget.

Output: Number of information technology contracts completed on time and within budget.

FY2001	FY2002	FY2003	FY2004
19	20	22	25

Outcome: Percentage of information technology contracts that meet contract specifications

FY2001	FY2002	FY2003	FY2004
90	90	92	100

Health Information Coordinating Council

The purpose of the Health Information Coordinating Council (HICC) is to serve as a permanent, senior-level, decision-making and implementation body for carrying out the Department's information resources management responsibilities. As a department-wide partnership of all stakeholders, the HICC provides recommendations on essential components of information resources management programs and policies to the Director of the Department's Information Resources Management Administration.

The executive leadership of the DHMH, through the Maryland Health Information Coordinating Council will ensure that the Department's investments in information resources are managed efficiently in support of the DHMH mission. In this, the HICC acts under the Secretary's charter of responsibility to make recommendations for information technology planning, budgeting, contracting, information resources management policies and standards, and access to and appropriate use of public health data.

The HICC represents all DHMH organizations and local health department partners through senior memberships. The HICC accomplishes its mission through workgroups which include non-members, on an ad-hoc or standing basis. The workgroups focus on broad or technical areas and produce plans, reports, recommendations, guidelines, and policies. HICC workgroups include the following areas:

- Security and Confidentiality
- Strategic Planning
- Communication and Learning
- Hospital Management Information Systems
- Geographic Information Systems
- Health Insurance Portability and Accountability Act (HIPAA)
- Electronic Forms

The Executive Board of the HICC is comprised of the Secretary, Deputy Secretaries, select senior executive staff, and the co-chairs of the HICC. Recommendations and unresolved issues are presented to the Executive Board for review, comment and guidance.

The HICC provides the Department with an appropriate forum to conduct discussions, review and endorse policies, increase awareness and support for information resources management issues, and receive recommendations from senior managers regarding critical technology issues facing the Department, the State, local partners and the public at large.

Effective information resources management (IRM) is essential to achieving the DHMH mission to fulfill public health goals and serve the citizens of Maryland. Emphasis is placed on critical Department-wide issues that support projects and services delivered at the program level. Strategic IRM directions focus activities that will successfully achieve IRM goals and position the Department for the future.

DHMH's success in its mission requires ready access to data, both by the Department's staff and by others. Having sound information policies and practices, and efficient, responsive information systems is a key priority of DHMH's senior management team. The Department is committed to gathering and analyzing the data needed to evaluate health risks and trends, measure health program results, and educate individuals throughout the State, make policy decisions, and implement interventions to effect change. DHMH is also committed to promoting and supporting innovative technical solutions to health information problems. A sound IRM program is critical to the Department's ability to provide objective, reliable, and understandable information for these purposes.

DHMH, in order to optimize the limited resources available, promotes the sharing of best practices among its units; as well as, information about emerging innovative technologies. The Department structures horizontal committees and teams that utilize resources from all units. This will result in joint ventures which benefit all participants and the State of Maryland.

The implementation of new or updated technologies include training and end-use support, an evaluation of the project, and transition costs or benefits. These elements are collected and compared to the original benefits of the business process investigation to present to the administration for future planning and management.

The following information technology goals and objectives have been identified for the HICC:

Goals

- 1. To provide quality information resources to improve services to our internal and external customers.**

Objectives

- 1.1 Standardize the systems development process.
 - Continue development, implementation and review of information technology policies and standards that support the DHMH mission and that meet state standards through FY 2005.
 - Continue participation in statewide information technology committees to assure DHMH consistency with statewide IT policies and procedures.

- 2. To ensure security of information resources.**

Objectives

- 2.1 To promote secure information resources.
 - Establish an appropriate department-wide set of information and physical security standards, including disaster recovery and contingency plans by FY 2004.
 - Maintain a secure and reliable internet service environment.
 - Assure that all DHMH units continue to utilize DHMH centralized firewalls.
- 2.2 Develop and implement a plan to comply with the rules and regulations issued by the federal Department of Health and Human Services to implement the Health Insurance Portability and Accountability Act (HIPAA) of 1996, when issued.
 - Develop security training materials.
 - Provide guidance to department units as they implement the HIPAA security guidelines.
- 2.3 Encourage all units to expand their eGovernment efforts so that DHMH remains compliant with the stated goals of the multi-year eGovernment initiative.
 - Identify and maintain an eGovernment inventory of all information and services provided by DHMH.
 - Web enable 65% or more of the business processes and information identified in the inventory by the end of calendar year 2003.
 - Web enable 80% or more of the business processes and information identified in the

inventory by calendar year 2004.

- 2.4 Continue the process of secure, reliable disposal of obsolete media containing sensitive data.
- 2.5 Establish a DHMH back-up data center by FY 2006.

3. To promote internal and external integration of information by improving access to and appropriate sharing of the Department's electronic information.

Objectives

- 3.1 Complete an intranet-based system directory.
- 3.2 Develop minimum data standards for the department.
- 3.3 Develop and institute policies and procedure for warehousing and mining of data by FY 2005.
- 3.4 Establish a central data repository to support department-wide data sharing by FY 2006.
- 3.5 Maintain external connectivity to DHMH data systems to support teleworking and access to electronic data.
- 3.6 Assure that appropriate data is accessible over the Internet.

4. To build a sound technological infrastructure.

Objectives

- 4.1 Expand electronic communications with internal and external customers.
- 4.2 Provide the communication infrastructure to support telework initiatives as mandated by the State.
- 4.3 Continue to improve the reliability of the information technology infrastructure to assure 98% availability in a 24 by 7 environment.
- 4.4 DHMH will have in place video-conferencing capabilities in 50% of counties by FY 2004.
- 4.5 DHMH will have satellite downlink capabilities in one third of the counties by FY 2004.

5. To build a technologically proficient workforce.

Objectives

- 5.1 Continue to provide all employees with access to training via the Internet.
 - Continue to publish a department-wide information technology training schedule.
 - Continue to promote the awareness and availability of in-house training opportunities.
- 5.2 Provide employees with up to date information technology resources.
 - Maintain annual minimum software standards pursuant to State standards.
 - Provide information annually on minimum hardware standards based on State standards.

Section III. Electronic Government Initiative

The transformation from traditional government to electronic government is one of the most important public policy issues of our time. In the next decade, government will change more than it has in the past century.

As government moves toward becoming both service provider and policy maker, eGovernment requires that it make radical changes to the delivery of services to its citizens, the public, businesses, employees and other governments. It involves a multi-channel service delivery strategy in which services are available via the web, telephone or over the counter. Internal processes must be standardized and long-term goals addressed for realizing services delivery.

Government services are different from private sector business in terms of its customers, incentives, risk taking, organizational structure and motivators. Through technology, government has the potential to create significant value in improving its services via customer self service, single face interactions, high availability and business process improvement.

To be successful, an eGovernment initiative must deal with the following:

- Leadership
- Electronic Records Management
- Privacy and Security Concerns
- Governance
- Justification
- Funding
- Performance Measurement
- Competency/Sourcing
- Contract Management
- Project Management
- Relationship Management
- Technology

A. Status of Business Programs

As both a health service provider and policy maker, the Department of Health and Mental Hygiene has numerous functions involving citizen access and

customer satisfaction. The Department's eGovernment Baseline Inventory contains over 1,750 business services. DHMH administrations, facilities and local health departments have been diligent in planning for the electronic delivery of health care information and services.

The DHMH Health Information Coordinating Council has established an e-Government Workgroup to coordinate the electronic government initiative working in conjunction with the Information Resources Management Administration. The initiative has established the following vision, mission and goals.

Vision:

DHMH will be recognized as a national leader in the electronic delivery of Health care information and services.

Mission:

Improve Maryland's public health utilizing electronic technology to enhance the quality of care, access, policy, infrastructure and customer service.

Goals:

- * Ensure that the required eGovernment perpetual inventory of information and services is properly prepared and entered into the DBM/ITAC website.

Ensure that the appropriate projects for eGovernment are initiated and completed so that DHMH complies with the Electronic Government Initiative. Specifically, that the following percentages of DHMH services and information are to be available electronically:

50% by 12/2002 65% by 12/2003 80% by 12/2004

- Monitor and evaluate the progress of DHMH toward compliance with Maryland's Electronic Government Initiative
- Develop and convene additional work groups and committees as necessary
- Inform DHMH organizations of the requirements for and compliance with Maryland's Electronic Government Initiative
- Develop guidelines and recommendations to assist DHMH organizations with their identification of eGovernment opportunities
- Provide assistance to DHMH organizations in determining how to plan their eGovernment projects

The DHMH eGovernment Workgroup has created a web Q/A subworkgroup to carry out different aspects of the initiative:

Website Quality Assurance – the purpose of the subworkgroup is to assess, plan and implement strategies for continuous quality assurance of the DHMH Internet/Intranet Websites. The subworkgroup's tasks include:

- Monitor consistency of information across websites within the DHMH domain.
- Review websites within the DHMH domain to work with administrations to monitor the accuracy and quality of their sites.
- Monitor adherence to DHMH's Web Development Guidelines and Operational Policy.
- Establish a process for addressing inconsistencies and inaccuracies on DHMH websites.

B. eGovernment Initiative (50/65/80)

The Department of Health and Mental Hygiene has prepared the State's largest inventory of potential web enabled public services and information. The inventory includes information on the responsible DHMH administration, a description of the function and the priority level. (**Attachment D**)

C. Status of Information Technology Systems and Services

The following information is provided concerning the Department of Health and Mental Hygiene's information technology program in support of the DHMH mission.

1. Content

An agency as large as DHMH has an extensive amount of resident information. **Attachment E** is the DHMH Data Systems Directory. The Directory lists the names of each data system and contains a brief system description. The following is a list of DHMH systems that are in various phases that range from the initial RFP/Task Order phase to the implementation, warranty and maintenance phases.

1. Developmental Disabilities Administration – Provider Consumer Information System II
2. Office of Health Care Quality – Provider Licensing and Complaint Information System
3. AIDS Information Management Software System
4. Vital Statistics Administration – Vital Records Registry System
5. Community Health Administration – Immunization Network System
6. Family Health Administration – INPHO Grant – Public Health Data Network System
7. Family Health Administration – Breast and Cervical Cancer Screening System
8. Family Health Administration – Women Infants and Children Windows System
9. Information Resources Management Administration – Convert client server based Boards and Commissions “Licensing” applications to online Internet based “Licensing” applications
10. Alcohol and Drug Abuse Administration – Web based Electronic Substance Abuse Management Information System (eSAMIS)
11. Alcohol and Drug Abuse Administration - Using data gathered in eSAMIS, conduct measurement and modeling of treatment outcomes.
12. Pharmacy Board – Convert client server based “Licensing” system to online Internet based “Licensing” system
13. Board of Nursing – Convert client server based “Licensing” system to online Internet based “Licensing” system
14. Family Health Administration – Maryland Primary Care System

2. Transport

The Department moves information via telecommunication lines, including Local Area Network (LAN), Wide Area Network (WAN), video conferencing, audio conferencing and satellite downlink. **Attachment F** is the DHMH Telecommunications Plan.

The DHMH telecommunications infrastructure is comprised of **Local Area Networks (LAN)** at each of the facilities and a Wide Area Network (WAN) that provides data access the DHMH Headquarters. The LANs are used primarily to support daily administrative functions and to provide user access to DHMH applications. The DHMH LAN includes routers, switches, servers, mid-range computers, firewalls and gateways to provide access to the Annapolis Data Center mainframe. The DHMH Headquarters LAN is the hub for most users and facilities. DHMH is currently in the process of redesigning the Headquarters LAN to better support all users and make a more robust network supporting Internet and web enabled access. The redesign includes full site redundancy and better firewall protection.

Wide Area Network (WAN)

The WAN provides access to financial data, health related applications, the Internet, Intranet and email via DHMH Headquarters. DHMH is in the process of moving from a Mainframe based Environment to a Client-Server Environment, using the Oracle Database and Microsoft SQL and the Microsoft Office Professional Suite as standards. The Administration has implemented a private State-wide frame-relay Wide Area Network. The WAN, with a T3 frame-relay at its core, connects the county Health Departments, State Hospital Centers, DDA Regional Offices, as well as the remote headquarters buildings to the O'Connor building, ADC, DHR, and the Internet. The WAN is protected from the Internet by two Gauntlet firewalls. The WAN was constructed based on the Statewide Policies described in the State of Maryland Information Technology Master Plan.

Audioconferencing/Videoconferencing/Satellite

The DHMH distance learning systems are used in a variety of situations including training, communication and virtual meetings in multiple locations. It can also be utilized to coordinate responses, promote informed decision making and support the allocation of critical resources in the event of a public health emergency.

Public Health Distance Learning at DHMH is primarily focused in four priority areas of creating Dynamic and interactive opportunities for both improved communication and learning.

Audio Conferencing is actively used for numerous administrative and work situations that have allowed many Public Health professionals the opportunity to avoid traveling to the central office in order to attend regularly scheduled meetings. Although DHMH does not yet own its own audio bridge, it rents space for this service from AT&T or utilizes federal agency equipment resources, when available. Investing in an audio bridge would be an extremely helpful asset to all of the 80+ Public Health-related facilities and staff throughout the state.

Large Conference Room Video Conferencing capabilities (operating on three ISDN lines) are rapidly expanding throughout the network of the 24 Local Health Departments. This real time audio and video interactive communication and learning tool is being used to connect regularly scheduled meetings of the Health Information Coordinating Council, HICC Workgroups, the Deputy Secretary for Public Health's Roundtable monthly meetings as well as for other regularly scheduled planning meetings such as Bio-Terrorism Preparedness. DHMH will continue to explore ways to provide video conferencing and video bridging services for the benefit of distant counties.

Live satellite broadcasting is also available at the DHMH site. This service provides Public Health employees with an excellent opportunity to view national live satellite broadcasts that are downlinked directly into the DHMH headquarters facility for either viewing or recording. The last and most rapidly developing area in Distance Learning opportunity is related to the learning capabilities on the Internet. The rate of change and innovation in this area is measured in months (not years – as in most other areas of change.) The trend to wireless connectivity has truly fueled a new way of working, communicating and learning that wasn't even on the horizon eight years ago. The impact of Public Health Distance Learning innovation is being felt throughout every level of this organization. As DHMH places increased value on becoming a Learning Organization, the value and importance of Public Health Distance Learning will be realized in every DHMH facility in the State.

3. Enhanced Services

DHMH provides value added services to make information resources useful to and usable by its customers:

Help Desk

The Technical Support Help Desk was established in order to provide DHMH computer users with one number to contact for technical support. The support areas provided includes, but is not limited to:

- Hardware and software installation, troubleshooting, & repair
- LAN/WAN administration, installation, & troubleshooting
- Mainframe and Midrange support

The Help Desk utilizes MAGIC TSD software by Network Associates, Inc. (NAI). This web-based software allows technical support staff to track service requests, generate work orders, perform remote control of the user's desktop for troubleshooting/repair, and, put in place reporting features for use by management. In the future, users will be able to Log a call with the Help Desk via Groupwise and also log a call and check status via the Web. The ultimate goal is to bring other administrations onboard as users of this system.

DHMH eGovernment Infrastructure Plan – (Attachment G) The document is the blueprint for the DHMH's future infrastructure services and support. It is also the implementation plan for **DHMH's Architecture and Standards (Attachment H)**

Information Security Protection for eGovernment Services

DHMH has a set of comprehensive information protection policies and procedures in place, and requires all personnel to abide by these directives. As part of those requirements to meet our Departmental Goal and the operational needs for the confidentiality, integrity, and availability of information resources we have classified information into three distinct types, and have directed that reasonably commensurate levels of protection be provided for these valuable resources. This protection is based on respective risks and consequences of disclosure.

- (1) **Public Information** - Information in the public domain with no federal, state, or proprietary restrictions on its use or disclosure;
- (2) **Proprietary Information** - Information having competitive or intrinsic value in ownership, that is protected under federal or state laws or regulations or by contractual obligations, or information, although designated as public, that may be restricted by method of access or level of detail and not provided unless requested for legitimate business reasons;
- (3) **Protected Information** - as defined in federal laws and regulations (e.g. HIPAA), and in Maryland law and regulation; - includes personally identifiable/linkable information that requires the highest level of protection.

The Department currently provides information security protection as described below for these classes of information based upon type and reasonably commensurate with the risk of disclosure.

Protection of Public Information: Public information is protected to assure the integrity of the information by keeping this information from accidental or intentional manipulation or change.

We also assure the availability of the information by keeping it reasonably safe from denials of service attacks or other attempts to deny access to the information when needed. Public information maintained outside Department firewalls is protected by (1) acceptable firewall technology equal to or better than the Department or state standard, (2) continuous software upgrades to server operating and application software, (3) the limitation of unnecessary internet services on the servers, (4) adequate, restorable backups, onsite and off-site, (5) physical and environmental security for server location and backup sites, (6) and strict adherence to Department and state mandated security procedures.

Protection of Proprietary Information: Proprietary information has the same integrity and availability protection as public information, with additional care to assure confidentiality. In addition to the preceding protective standards for Public information, proprietary information is further protected by identifying and permitting appropriate users to access information limited by access control passwords and user identity.

Protection of Protected Information: Protected information requires the highest level of protection to assure continued confidentiality, integrity, and availability of the resources. Such protection includes all of the above approaches and additionally requires: (1) two-part or strong identification using a password and a token or smart card, (2) a digital certificate on a smart card or other removable media, or on the hard drive, (3) the use of a digital signature process using the preceding resources, (4) the use of Lightweight Directory Access Protocol (x.509) for management of these resources, (5) encrypted transmission using Secure Socket Layers technology and/or the use of a Virtual Private Network, and (6) the installation of administrative procedures that support these resources.

DHMH HARDWARE/SOFTWARE STANDARDS

Hardware Standards

The purpose of these standards is to guide, in a consistent manner, the acquisition and support of standard information technology (IT) hardware configurations by the Department of Health and Mental Hygiene (DHMH) in order to achieve State IT goals. This standard is to be implemented upon the acquisition of new hardware. However, it is recognized that the acquisition of new hardware may require a phase-in period for full compliance because of compatibility and other impacts of replacing or upgrading legacy hardware.

DHMH has defined hardware configurations for the efficient and productive acquisition and use of IT computing hardware in order to accomplish its mission and program goals.

In developing minimum hardware configurations, DHMH considered the following criteria:

- Total lifecycle cost
- Long –term support
- Interoperability
- Compatibility
- Scalability
- Availability/Accessibility
- Functionality/Performance
- Security
- Other specific criteria

The following configurations are defined as the minimum acceptable configurations for DHMH based on an analysis of our requirements:

- **PERSONAL COMPUTERS**

Standard Desktop PC Workstation
Intel Pentium III, 600mhz Central Processing Unit (CPU)
64MB RAM (Memory)
6.0GB Hard Drive (Data Storage)
4MB VRAM (Video Memory)
3 ½ Diskette Drive
CD ROM Drive
10/100 Mbps Ethernet Adapter
15” Color Monitor

Keyboard
Mouse

Standard Laptop PC Workstation
Intel Pentium III, 450 mhz Central Processing Unit (CPU)
64MB Ram (Memory)
6.0GB Hard Drive (Data Storage)
3 ½ Diskette Drive
CD ROM Drive
12.1 TFT Screen
56K Modem
10/100 Mbps Ethernet Adapter
Mouse
Windows Operating System – See Software Standards

- **PERIPHERALS**

Laser Printer – Network – Black & White
Dual Input Bin
10/100mbps Ethernet Adapter
Designated “Network” Model
15 Pages Per Minute
1,200 x 1,200 dpi
8MB RAM

Laser Printer – Network – Color
Single Input Bin
10/100mbps Ethernet Adapter
Designated “Network” Model
16 Pages Per Minute, Black
3 Pages Per Minute, Color
600 x 600 dpi
32MB RAM

Inkjet Printer – Network – Color
Single Input Bin
10/100mbps Ethernet Adapter
Designated “Network” Model
8 Pages Per Minute, Black
4 Pages Per Minute, Color
600 x 600 dpi
24MB RAM

Laser Printer – Standalone
Single Input Bin
10 Pages Per Minute
600 x 600 dpi
4MB RAM

Inkjet Printer – Standalone
Single Input Bin
8 Pages Per Minute, Black
3.5 Pages Per Minute, Color
1,200 x 1,200 dpi

Desktop/Laptop Network Adapters
10/100 Mbps 3COM or SMC, PCI if possible

Software Standards

The purpose of these standards is to guide the acquisition and support of commercial off the-shelf (COTS) software by the Department of Health and Mental Hygiene (DHMH) in order to achieve State IT goals. This standard is to be implemented upon the acquisition of new software. However, it is recognized that the acquisition of new software may require a phase-in period for full compliance because of compatibility and other impacts of replacing or upgrading legacy software.

DHMH has defined minimum software configurations for the efficient and productive acquisition and use of IT computing hardware in order to accomplish its mission and program goals. These standard software configurations are to be used on hardware specified in the DHMH Hardware Standard. These hardware and software configuration standards are interrelated and have been developed to reflect an overall IT architecture that complies with the State IT Master Plan.

In developing minimum software configurations, DHMH considered the following criteria:

- Total lifecycle cost
- Maintainability
- Interoperability
- Portability
- Scalability
- Availability/Accessibility
- Reusability
- Functionality/Performance
- Security
- Other specific criteria

The following configurations are defined as the acceptable COTS software for DHMH based on analysis of our requirements:

Desktop PC Workstation

Windows 2000 (Microsoft). Current statewide standard for use on all newly purchased hardware.

Windows 9X (Microsoft). Can be utilized until such time that the hardware is replaced, then goes to statewide standard.

Network Server

Netware 5.1, or higher (Novell)

• PERSONAL PRODUCTIVITY

Desktop Virus Protection:

Selection is deferred to the individual user for standalone systems or to the network Administrator for networked systems.

Desktop Statistical Analysis:
SAS 8.0, or higher (SAS Institute)
SPSS (SPSS)
EPIINFO (CDC)

Email:
GroupWise 5.5, or higher (Novell)

Office Suite:
Office 2000 Professional or Standard Edition (Microsoft). Current statewide standard for use on all newly purchased hardware.
Office 9X (Microsoft). Can be utilized until such time that upgrade monies/hardware are made available, then move is made to the statewide standard.

Web Browser:
Netscape Navigator 4.5, or higher (Netscape)
Internet Explorer 5.0, or higher (Microsoft)

- **DATA MANAGEMENT**

Large Database Development
Oracle 8, or higher (Oracle)

Small Database Development
Access 2000 (Microsoft). However, utilization of Access 97 is allowed until such time that upgrade monies/hardware are made available, then move is made to the statewide standard.

Section IV. Information Technology Project Summaries

Pursuant to the Department of Budget and Management (DBM) Guidelines, this section contains information on DHMH information technology projects.

SUMMARY #1 eSAMIS Alcohol and Drug Abuse Administration

IT PROJECT SUMMARY

	Title	Description
1	Project Title	Electronic Substance Abuse Management System (eSAMIS)
2	Major Project Y/N	Yes
3	Project Description	<p>The Alcohol and Drug Abuse Administration (ADAA) is developing and implementing an electronic web-enabled data management system to assess treatment program performance and provide individual programs with the ability to utilize their clinic data to make service delivery improvements. This system is expanding upon the data elements collected by the ADAA Substance Abuse Management Information System (SAMIS). SAMIS contains information on all client admissions to and discharges from the State certified programs in Maryland.</p> <p>The enhanced system utilizes and improves upon the technology and infrastructure of the HIDTA Automated Tracking System (HATS) client-server software operated by the University of Maryland Bureau of Government Research (BGR) currently being used in some jurisdictions as a data collection and communication tool between treatment programs and criminal justice agencies. The new system allows the ADAA, working with BGR and the University of Maryland Center for Substance Abuse Research (CESAR), to continuously monitor and analyze what kinds of treatment services are most successful for specific client populations so that the services can be replicated statewide. The new system will also ensure that programs are collecting vital data that can be used to improve program practices. With increasing demands for accountability for ADAA's substance abuse treatment resource allocation, the agency must develop a defensible performance measurement system that takes advantage of some of the most advanced information technology.</p>
4	Project Management	Lucinda Shupe, Division Director of Information Services
5	Project Status	The project is currently in the testing phase with 31 pilot sites participating in a test of the eSAMIS design. The web-based system is in development with initial testing to begin shortly. Overall, the project is on time and within budget..
6	Project Estimated Cost	Total costs all years FY 01 – FY 08 \$ 8,439,396

Bureau of Governmental Research (BGR) Major Milestones FY03 to FY05

FY2003

- Develop web-based application for eSAMIS
- Develop training tip sheets for web-based eSAMIS
- Train 3 current HATS provider sites on web-based eSAMIS
- Field Test web-based eSAMIS and debug/enhance as needed
- Add HATS treatment modules to web-based eSAMIS ,including: consent process; appointments and referrals; detailed client information; full ASI
- Compile user priorities for adding other modules to eSAMIS including: treatment services; client summary; caseload summary; drug testing; billing; treatment planning and related reports

SECURITY: Web-Based Application

- Implement and Test Web-based eSAMIS Security Plan
- Deploy and test ACS authentication with pilot sites
- Test firewalls for continuous protection properties
- Review and install additional server anti-virus protection software

TELECOMMUNICATION: Web-Based Application

- Implement and Test Web-based eSAMIS Telecommunication Plan
- Develop and test mechanisms for uploading data to legacy provider systems [BSAS, etc.] including batch transmissions and MQSeries
- Continue HATS installation, implementation and training as treatment programs make transition to HATS and eSAMIS reporting
- Support complete analysis of e-SAMIS and Performance Measurement Pilot
- Use the treatment programs participating in the pilot project to test system modifications before full implementation of e-SAMIS
- Incorporate finalized Performance Measurement data elements into e-SAMIS
- Analyze, Design, Develop, Test and Implement HATS, eSAMIS software enhancements and security enhancements

FY2004

- Provide eSAMIS system maintenance, continued installation and training as treatment programs transition to e-reporting
- Continue education and training of remaining certified treatment programs to report on new eSAMIS system
- Implement and monitor mechanisms for ongoing data transfer between BGR, ADAA, and CESAR
- Analyze, Design, Develop and Test eSAMIS software enhancements

8. MFR

Goal 2. Collect report statistical information relating to drug and alcohol treatment program performance outcomes for the purpose of determining system effectiveness and needs

Objective 2.1 By FY 2004, 100% of ADAA-funded programs will be reporting data via e-samis or an approved electronic format.

	2001	2002	2003	2004
Performance Measures	Actual		July-Dec	Estimated Estimated
Input: Number of ADAA-funded programs				136 136
Output: Number of ADAA-funded programs reporting data via e-samis				101
	122			128 138
Output: Number of ADAA-funded programs reporting data on approved electronic format				
Outcome: Percent of ADAA-funded programs reporting data electronically				74% 90%
	93%			100%

Objective 2.2 By FY 2003, 69% of ADAA-funded treatment programs will have computer client census counts with no more than a 10% discrepancy rate (ADAA computer client census count will differ from program Active Client Lists by no more than 10%.)

	2001	2002	2003	2004
Performance Measures	Actual		July-Dec	
Estimated Estimated				
Input: Number of ADAA-funded substance abuse treatment programs				136
	136	138		NA
Output: Number of programs reconciled within 10%				74 *
Outcome: Percent of programs reconciled within 10%				54% *
	69%	NA		

*Data unavailable – staff duties temporarily redistributed to E-SAMIS pilot project

* Staff duties temporarily redistributed to E-SAMIS pilot project

Objective 2.3 By FY 2003, 85% of substance abuse programs reporting to ADAA's MIS system will undergo an annual

Performance Measures	Actual	July-Dec	Estimated	Estimated
Input: Number of substance abuse treatment programs			358	340
Quality: Percent of substance abuse treatment programs validated/trained				5%
	20% *	85%		NA

* Staff duties temporarily redistributed to E-SAMIS pilot project

Objective 2.4 - By FY 2004, ADAA will measure program performance for 100% of ADAA-funded programs.

	2001	2002	2003	2004
Performance Measures			Actual	July-Dec
Input: Number of ADAA-funded programs				Estin
			136	136
Output: Number of ADAA-funded programs whose performance was measured				
Outcome: Percent of ADAA-funded programs whose performance was measured				

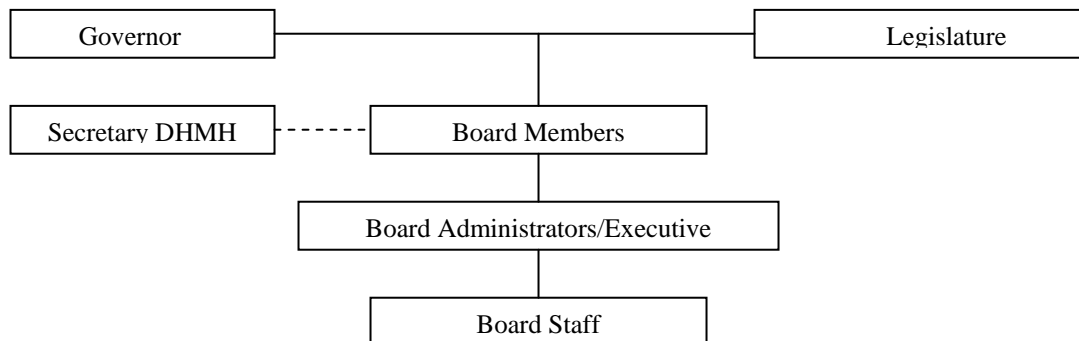
9. List of Other Projects Impacted by this Project None.

PROJECT #2 Boards and Commission

Agency Information Technology Master Plan & Information Technology Project Requests

FY 2004

1. **Agency:** Health Occupation Boards & Commission
2. **Budget Appropriation Code:** M00A0104
3. **Mission Statement:** The common overall mission of the Health Occupations Boards is to protect the citizens of Maryland and promote quality care among the various health professions. The Boards accomplish this responsibility through the licensing, regulation and monitoring of health care professionals as mandated under the Health Occupations Article of the Annotated Code of Maryland
4. **Summary of Business Function:** The Health Occupation Boards & Commission are responsible for licensing various health occupation professions, renewing licensing, receiving and investigating complaints, issuing sanctions and follow up on orders.
5. **Organizational Chart:**



6. **Information Technology Resources:**
 - A. Organizational Chart of Information Technology (IT) Staff
 - B. IT Staff by name, title, classification and function (please note if less than full time)

Title	Classification	Function
Network Specialist	Computer Net Spec II	Provides support for 13 Boards and 1 Commission

Board of Acupuncture
Board of Audiology/Hearing Aid Dispensers, Speech-Language Pathologists
Board of Chiropractic Examiners

Board of Dietetic Practice
Board of Electrologists
Board of Morticians
Board of Nursing Home Administrators
Board of Optometry
Board of Physical Therapy Examiners
Board of Podiatry
Board of Professional Counselors and Therapists
Board of Psychology
Board of Social Workers
Commission on Kidney Disease

C. Principle hardware and software applications: Pentium class PCs, MS Office, Rumba Mainframe terminal emulator

7. On-line services: Several Boards currently have informational web pages. These Boards include:

Board of Acupuncture
Board of Audiology/Hearing Aid Dispensers, Speech Language Pathologist
Board of Dietetic Practice
Board of Morticians
Board of Nursing Home Administrators
Board of Optometry
Board of Physical Therapy
Board of Professional Counselors and Therapist
Board of Social Work Examiners

No customer interactivity is currently available on the web sites. However, there are plans in the future to implement online license renewal and verification of licensure.

8. Project Management: This section is to be completed for each individual project, including software, infrastructure and enhancement projects.

A. Project Title: Web Sites for the Boards

B. Project description: In an effort to become more web aware and increase web exposure for the Boards and Commission, an effort is underway to create and maintain web sites for all of the smaller licensing Boards. For some Boards (approx. 70%), this has already been completed and for some web sites are being prepared.

C. Project Team: Henry Harle, Board Administrators/Executive Directors and the Department's IRMA staff

D. Implementation strategy: The time frame for development is to have all the smaller Boards' websites created by the end of fiscal year 2003, after which time the Boards web sites will be updated and improved indefinitely.

E. Description of Requirements for Funding: No additional hardware will be required initially since the web sites will be physically housed on the State's web server. However, as the Boards' web sites expand and improve, additional hardware, software, and staff may be required to maintain and improve web development.

- F. Project status: Currently 70 percent of the smaller Boards have web sites for informational purposes only.
- G. Other Projects Impacted: None
- H. Risk Management: Web security will be a considerable risk to privacy of data. It is always possible to hack into the existing web server, alter information, and repost inaccurate data.
- I. Linkage to Maryland's ITMP: All Boards plan to have web sites by July 2004.
- J. Linkage to Managing for Results:
1. Goals / Objectives: All the Boards plan to have web sites by July 2004.
 2. Performance Measures / Indicators: 70 percent of all information and services available by July 2004.
 3. Strategies: After completing research on the costs and development of a web site that can provide information and service to the public, implement the web site by December 1, 2004.

Electronic License Renewal

- A: Project Title: Electronic License Renewal
- B. Project Description: In accordance with Maryland Electronic Government Initiative, the licensing Boards shown in number 6 of this document, will provide web enabled electronic processes, including, but not limited to, electronic licensing renewal.
- C. Project Team: Henry Harle, Board Administrators / Executive Directors
- D. Implementation Strategy: Determine appropriate software, if any. Purchase and install software. Convert any existing databases to the new application or import data into the new application. Process should be complete by year 2005.
- E. Description of Requirements for funding: Additional staff will be required to maintain electronic licensing database and web functions.
- F. Project Status: Request for proposals have been sent out and two bids have been received. Due to statewide budget constraints the Boards were unable to proceed any further. The project will continue when funds become available.
- G. Other Projects Impacted: None
- H. Risk Management: Web security will be a considerable risk to privacy of data. It is always possible to hack into the existing web server, or web database and alter the information.

Authenticity will also be a factor. The Boards have to, in some way, verify that the individual filling out the electronic license renewal form, is really the person authorized to complete this transaction.

Funding may also be a considerable hindrance to implementing this web technology. The Boards are all special funded entities which generate their own income at the expense of their licensees.

- I. Linkage to Maryland's ITMP: All Boards plan to have Electronic License Renewal sites by (date to be announced).
- J. Linkage to Managing for Results:
 - 1. Goals / Objectives: None at this time.
 - 2. Performance Measures / indicators: Not available at this time.
 - 3. Strategies: Non developed yet.

PROJECT #3 BOARD OF NURSING

MARYLAND BOARD OF NURSING INFORMATION TECHNOLOGY PROJECT REQUEST FY 2004

Agency: Maryland Board of Nursing

Budget Appropriation Code: 32010105

Mission Statement: The mission of the Maryland Board of Nursing is to promote and ensure quality nursing care through: the development and implementation of licensure; education and practice standards for nurses, licensed practical nurses, and advanced practice nurses; the monitoring of nursing practice; the development of innovated approaches and methods to assure safe nursing care in Maryland; and the certification of nursing assistants performing delegated nursing functions in all settings.

Summary of Business Functions: The Board of Nursing operates under the provisions of the Health Occupations Article, Title 8. It is mandated to license, certify, and regulate the practice of registered nurses, licensed practical nurses, nurse anesthetists, nurse practitioners, nurse psychotherapists, nurse midwives and nursing assistants. Title 8 also requires the Board to regulate nursing education programs and registered nursing staff agencies.

Organizational Chart: Attached Appendix A

Information Technology Resources:

Organizational Chart of Information Technology (IT) Staff - Attached Appendix B

IT Staff by name, title, classification and function (please note if less than full time)

<u>Name</u>	<u>Title</u>	<u>Classification</u>	<u>Function</u>
Lynn Kirk-Flury	Director of Inf. Systems	CNS Manager	Overall coordination of IT functions
Michele Molesworth	Database Admin.	CNS Supervisor	Administers databases, writes programs, queries

Rodney Lambson	Webmaster	CNS I	Supports web Provides user and network support
Vacant	Programmer	DPPAS I	Assist with SAS Data Conversion, creating mailing labels, and other programming

Principle hardware and software applications

Hardware applications:

Xerox printer used to print license renewals

HP 8100 to print nursing licenses and nursing assistant certificates

Software applications:

Oracle 8 database for nurse licensure and nursing assistant certification

Oracle 8 database for electronic imaging system

SQL Server database for Integrated Voice Response Telephone System

Groupwise Server

Office automation server

BackUp server

SAS Data Warehouse Server

Total IT inventory and physical location

Workstation inventory consists of 62 PCs. Breakdown by CPU class as follows:

Pentium 4 (2)

Pentium III (10)

Pentium II (25)

Pentium (3)

AMD K6 (11)

Celeron (13)

The bulk of these machines use Windows 98 (40) with the remainder using either Windows 95 (9), Windows 2000 (11), Windows NT Server (2), and Solaris 8 (1). The typical workstation has both Microsoft Office '97 and WordPerfect 8 along with applications to access the License 2000 and LARS database systems. Some of these machines have been reserved for office automation and small server roles.

Notebook PCs - 4

Acer, Everex & Dell brands. 2 Pentium class (Acer & Everex), and 2 Celeron class (Dell)

Server inventory

1 Compaq Proliant 5500 (ORCA) - dual Pentium III 550 MHz, 1024MB RAM, 36 GB RAID5, Windows NT 4 used to host License 2000 database.

- 2 Compaq Proliant 3000 (JAWS and JAWS2) – dual Pentium II 450 MHz, 256MB RAM, 18 GB RAID 5, Windows NT 4. JAWS machine hosts NIS, predecessor to the License 2000 database. JAWS2 is the replication server for License 2000 database.
- 1 Compaq Proliant 5000 (PACMAN) – Pentium Pro 166 MHz, 572MB RAM, 12GB RAID 5, Windows NT 4. Used for Oracle express & mini data warehouse.
- 1 Compaq Proliant 1600 (FLO2) - Pentium II 400 MHz, 1024MB RAM, 18GB RAID5, Novell NetWare 5.1. Used as office file/automation server.
- 1 Compaq Proliant ML370 (FLIPPER) - Pentium III 933 MHz, 384MB RAM, 36GB RAID5 w/ hot spare, Novell NetWare 5.1. Used for the GroupWise 5 e-mail system.
- 1 Compaq Proliant ML330 (RAS) – Pentium III 933 MHz, 128MB RAM, 9GB RAID0, Windows NT 4. Used as remote access authentication Server
- 1 Compaq Proliant ML530 (unnamed) - dual Pentium III Xeon 1 GHz, 2048MB RAM, 216GB. Will be used for SAS and data warehousing.
- 1 Sun Enterprise 250 (NISOM2) – dual UltraSPARC II 400 MHz, 1024MB RAM, 36GB RAID5, Solaris 8. Used for LARS imaging database.
- 1 Compaq Deskpro EP/SB – Pentium II 350 MHz, 128MB RAM 4GB HDD, Windows NT 4
Backs up NT and Novell servers to DLT drive.
- 1 Compaq Deskpro EP/SB – Pentium II 350 MHz, 128MB RAM 12GB HDD, Solaris 8
Used as controller for HP jukebox
- 1 HP160EX SureStore Optical Jukebox – External storage for LARS Imaging database
- 1 Iomega P410u 360GB Network Attached Storage unit

Printer Inventory

- 1 Xerox DocuPrint N4025 – used to populate pre-printed license renewal application forms.
- 2 HP 8150N – One for walk-in nurses renewal desk license printing, the other for bulk nurses/cna license printing.
- 2 HP 8100N – One general LAN printer for office, one workstation printer
- 1 HP 8000 – General LAN printer for office
- 3 HP 4000TN – One for walk-in CNA certificate printing, one general LAN printer for office, and one workstation printer.
- 1 HP 2200D – workstation printer
- 2 HP 2100 – workstation printers

- 1 Panasonic KX-P4420 – workstation printer
- 1 HP Color LaserJet 5/5M – LAN printer

Network hardware

- 1 Bay Networks BayStack 28115/ADV managed switch
- 2 Netgear switches (FS524 and FS516)
- 2 Netgear DS516 stackable hub
- 3 3Com SuperStack II manageable hubs
- 1 Bay Networks Instant Internet 400 network

All of the above identified equipment is located at 4140 Patterson Avenue, Baltimore, Maryland, 21215.

On-line services: The licensing database was upgraded to License 2000 Version 3.1 last year. We are now running version 3.26. Web look-up capability has been running for almost a year now. This allows employers to verify the nurses' license on the internet. Nursing assistant certification can also be verified on the web.

Nursing renewals have been offered online for about one year. We are in the process of developing the nursing assistant renewals online as well as renewals for medication assistants.

We are looking at providing the status of an endorsement and exam application online which will help reduce the number of telephone calls the Board receives.

Project Management:

A. Project Title:

1. Enhancement to imaging system
2. New applications for imaging system
3. Enhancement to the licensing database
4. Expanding the SAS Data Warehouse from the pilot project to meet the Board's needs
5. Updating Board's web site and implementing private web site

B. Project Description:

1. Making changes in imaging system to include additional features.
2. Putting nursing assistant renewals online and medication assistant renewals online
3. Making changes in licensing database to include additional features
4. The Board had a pilot project with SAS last year. We now need to expand on that pilot project to begin moving over the data from the licensing database to the data warehouse.
5. Hiring a vendor via small procurement to assist Board with making our web site more graphically pleasing, accessible to the handicapped, and developing a private web site for employers of nurses and nursing assistants

C. Project team: Director of Information Systems and Database Administrator, vendor staff.

D. Implementation strategy:

1. There is currently a contract in place for enhancements to the imaging system to include adding a new form for endorsement of nursing assistants as well as some other features which will allow the Board to review those forms which have not been processed out of the imaging system and into the licensing database.
2. There is currently a contract in place to expand the online processes to include nursing assistant renewal and medication assistant renewal.
3. The Board will provide requirements to vendor who will present a price quote and work plan. If acceptable, a contract will be prepared and the vendor will proceed to make changes. On an agreed upon date, testing will take place. If testing goes well with no problems, changes will be installed on the production system.
4. The Database Administrator will begin running the processes developed in the SAS Data Warehouse pilot project to move data from the licensing database to the data warehouse. The DBA will begin teaching the required process to the contractual DP Programmer Analyst I to assure that this is done a weekly basis.
5. The Director of IS is the contract monitor. Bids have been received. The Board has formed a committee to review the bids and evaluate them. This is currently in process. The Computer Network Specialist I will be mentored as a part of this project in making graphical changes to the web site as well as developing and maintaining the private web site.

E. Description of Requirements and Funding:

1. This would strictly be a revision in software for an existing system developed by vendor staff for a fixed price.
2. This is an expansion for online renewal processing to include nursing assistant and medication assistant renewal. The contract has already been drawn up and approved.
3. This project will make the Board's web site more pleasing to the eye, accessible to the handicapped, and allow the Board to communicate more efficiently and effectively with nurses, nursing assistants and their employers.

F. Project Status:

1. This particular project is currently underway.
2. This project is currently underway.
3. The requirements have been prepared and are ready to be submitted to the vendor for the price quote.
4. The SAS data warehouse has been created. Board staff needs to begin moving the data on a weekly basis.
5. The bids have been received and are currently being evaluated.

G. Other projects, internal and external to the agency, impacted by this project:

None

Online renewal and application processing

Web look-ups and licensure processing

Commission on the Crisis in Nursing is in need of these statistics to develop trends.

This project may impact on the number of nurses and nursing assistants renewing online.

H. Risk Management:

None

None

None

Back-ups will be done of the data warehouse.

None

I. Linkage to Maryland's Information Technology Master Plan:

All Board work related to putting renewals and applications online would tie in with Maryland's Information Technology Master Plan as would the business processing re-engineering to evaluate which processes could be placed on the internet. Senior Board staff are doing a business process analysis of various job functions at this time.

J. Linkage to Managing for Results:

1. In order to provide high quality customer service and track the length of time taken to process applications, the imaging system is of utmost importance.
2. In order to process licensing applications in a more timely manner the Board is moving to online processing.
3. To improve customer service, the Board is looking at providing the status of an exam and endorsement application on the web look-up.
4. The SAS data warehouse provides the Board with the ability to maintain statistics and to perform in depth analysis. This will provide maximum support to the Commission on the Crisis in Nursing identified in goal 2 of the MFR.

**PROJECT SUMMARY # 4 BREAST AND CERVICAL CANCER SCREENING
SOFTWARE
FAMILY HEALTH ADMINISTRATION**

IT PROJECT SUMMARY

	Title	Description
1.	Project Title	Breast and Cervical Cancer Screening Software (CSS)
2.	Major Project Y/N	Y
3.	Project Description	This is a software application development project for the Breast and Cervical Cancer screening program (BCCP). This application will allow the local BCCP projects to collect information on women screened through their program
4.	Project Management	Jeff Silverman
5.	Project Status	Contract awarded May 20, 2002. Current status of the project: the project is in development, on budget, 4-5 weeks behind schedule. The prime contractor is planning to switch subcontractors. No anticipated delay is expected. The project in development phase.
6.	Project Estimated Cost	\$538,098 general funds prior to FY03 \$458,197 general funds FY 03 \$296,522 federal funds FY 03 total \$1,292,817
7.	Major Milestones	FY 99 Initiation/Concept: LHD and central BCCP office software survey, findings and recommendations FY 00 Planning/Requirement Analysis, project management plan FY 01-03 Design/Develop/Integration/Testing FY 03 – Implement – installation and training FY 03-05 – Operations and maintenance, support
8.	Managing For Results (MFR)	Prevention and Disease Control – Community and Public Health Administration, Goal 1, Objective 1.1 – During FY04, the number of women receiving state-funded breast cancer screenings returning every 12-15 months for repeat screenings will be maintained at 80%.
9.	List of Other Projects Impacted by this Project	<ul style="list-style-type: none"> Internal Agency projects – FHA - Reimbursement for Diagnosis and Treatment of Breast and Cervical Program, Medicaid's Women's Breast and Cervical Health Program, FHA - Case Management, Outreach, and Screening Program Federal projects – Maryland's BCCP program is part of the CDC funded National Breast and Cervical Early Detection Program.

**PROJECT SUMMARY #5 CRF/CPEST CANCER DATABASE SYSTEMS AND
EPIDEMIOLOGY SUPPORT
FAMILY HEALTH ADMINISTRATION**

Item	Description
Project Title	Cigarette Restitution Fund/Cancer Prevention, Education, Screening and Treatment (CRF/CPEST) Cancer Database Systems and Epidemiology Support
Major Project Y/N	Pending; there is a request in to DBM to downgrade this from a major IT project.
Project Description	<p>The purpose of the project is the provision of staff support to the Surveillance and Evaluation Unit of the CCSC and the development and implementation of a statewide cancer database system for the Cigarette Restitution Fund (CRF)/Cancer Prevention, Education, Screening and Treatment (CPEST) Program. The IT component of the project entails the development of a database to capture and track individuals' cancer screening, diagnosis, and treatment services for certain cancers, and the refinement of a cancer education database system currently in use as an Internet-based application. The system is intended for use by cancer program staff at the local level (Local health departments and other partner sites) and by DHMH Center for Cancer Surveillance and Control staff. An additional component of the project beyond IT, is the application of epidemiological approaches to data management, including analysis and reporting of data.</p> <p>This project is a collaborative effort with the University of Maryland Baltimore (UMB). DHMH has contracted with UMB to develop the database system; in turn, UMB is responsible for the project development including procurement through a UMB RFP for the design and implementation of the database.</p>
Project Management	Carmela Groves, CCSC
Project Status	The project is currently in the early stages. As of September 9, 2002, the RFP has been drafted by UMB, reviewed by DHMH, submitted to UMB procurement office for review and for publication in the Maryland Register in mid-September.
Project Estimated Cost	The IT component of the project for FY02, FY03, FY04 is a total of \$363,035.
Major Milestones	<p>Two sets of milestones exist for this project:</p> <ol style="list-style-type: none"> 1. Milestones set by DHMH for the UMB 2. Milestones set by UMB for a vendor set forth in the RFP (IT component) <p>The milestones for the IT component of the project are: Milestone I - Project Management Plan and Assessment Review</p>

	<p>Milestone II – Forms Design</p> <p>Milestone III – Architecture Diagram</p> <p>Milestone IV – Technical Systems Design</p> <p>Milestone V – Data Edits</p> <p>Milestone VI – Client Data</p> <p>Milestone VII – Management Reporting System</p> <p>Milestone VIII – System Testing Complete</p> <p>Milestone IX – Pilot Testing Complete</p> <p>Milestone X – Download Function</p> <p>Milestone XI – Documentation Complete</p> <p>Milestone XII – Installation Complete</p> <p>Milestone XIII – Training Complete</p> <p>Dates for the milestones have not yet been set.</p>
Managing For Results (MFR)	<p>Goals of the CRF/CPEST Program:</p> <p>To reduce overall cancer mortality in Maryland</p> <p>To reduce disparities in cancer mortality between ethnic minorities and whites.</p> <p>To reduce mortality due to each of the targeted cancers under the local public health component of the CRFP.</p> <p>To increase access to cancer care for uninsured persons in Maryland.</p>
List of Other Projects Impacted by this Project	None.

DEVELOPMENTAL DISABILITIES ADMINISTRATION

IT PROJECT SUMMARY

	Title	Description
1.	Project Title	Provider Consumer Information System Version 2 (PCIS2)
2.	Major Project Y/N	No
3.	Project Description	DDA launched the new Provider Consumer Information System, Version 2 (PCIS2) statewide, in order to facilitate the purpose of providing services to persons with developmental disabilities. PCIS2 allows DDA to have a central repository for data on individuals with disabilities that it serves, the provider agencies that serve them in the community, and the annual budget for these services. PCIS2 tracks information on provider demographics, consumer demographics, rates, contracts, payments, monies spent on individual consumers, waiting list initiative consumers, and Federal funds participation
4.	Project Management	Robert E. Smith, Director, IT
5.	Project Status	The development of the PCIS2 began in August 1999 and was placed into production on July 1, 2001. Current plans include a two phase approach to remediating applications issues: Phase I is a vendor analysis of the application to determine full scope of functionality shortcomings and Phase II, the implementation of application enhancements to correct functionality flaws and HIPAA compliance.
6.	Project Estimated Cost	Estimated FY03 costs are \$750,000 from general funds
7.	Major Milestones	Phase I Application Analysis & Code Walk-Thru TORFP Award – 09/01/02 Application Analysis & Code Walk-Thru TORFP work completion – 12/31/02 Phase II Application Enhancement TORFP Award – 1/1/03 Application Enhancement TORFP work completion – 6/30/03
8.	Managing For Results (MFR)	The Developmental Disabilities Administration (DDA) provides a coordinated service delivery system to individuals with developmental disabilities. These individuals receive appropriate services oriented towards the goal of the individual being integrated into the community. These services are provided in two ways, directly by four State Residential Centers and indirectly through the funding of a wide array of community based services delivered primarily through a network of non-profit agencies (DDA Providers). Provider management and administration is performed locally through four DDA regional offices. The regional offices are responsible for developing, coordinating, and evaluating services to ensure a comprehensive and effective service delivery system. These community-based services include: residential; day habilitation; supported employment; resource coordination; and a variety of family, individual, and behavioral supports.
9.	List of Other Projects Impacted by this Project	<ul style="list-style-type: none"> • HIPAA

PROJECT SUMMARY #7 HIPAA INFORMATION RESOURCES MANAGEMENT ADMINISTRATION

IT PROJECT SUMMARY – FY04

	Title	Description
1.	Project Title	Health Insurance Portability and Accountability Act (HIPAA) of 1996
2.	Major Project Y/N	Yes
3.	Project Description	HIPAA, Public Law 104-191 added to title XI of the Social Security Act a new part C, entitled “Administrative Simplification.” The purpose of this part is to improve the efficiency and effectiveness of the health care system through the establishment of standards and requirements to enable the electronic exchange of certain health information. The law also establishes federal regulations containing standards with respect to the privacy and electronic security of individually identifiable health information. Compliance with these requirements requires IT resources (both hardware and software), project management assistance, and technical training for DHMH staff. Additional federal regulations will be published through FY04. Project will require both infrastructure and software application.
4.	Project Management	J. Michael Compton - Contract Monitor Kathy Chavis - HIPAA Project Coordinator
5.	Project Status	Development
6.	Project Estimated Cost	\$850,000 General Funds
7.	Major Milestones	Development July 03 - October 03 Operations October 03 - June 04 Maintenance October 03 - June 04
8.	Managing For Results (MFR)	This initiative provides resources necessary to achieve HIPAA compliance and supports the strategy as outlined in MFR Goal 1.1e submitted by the Information Resources Management Administration (IRMA).
9.	List of Other Projects Impacted by this Project	N/A

PROJECT SUMMARY #8 HMIS INFORMATION RESOURCES MANAGEMENT ADMINISTRATION

IT Project Summary

1. Project Title: Hospital Management Information System (HMIS)

2. Major Project - Yes

3. Project Description - Centralized billing system for all DHMH operated inpatient facilities. This project has both infrastructure and several mission critical software applications.

4. Project Management - Thomas C. Booker

5. Project Status: A merger of the HMIS application software vendor Advanced Institutional management Software(AIMS) with Creative Socio-Medics (CSM) has raised several major operational issues for the Department of Health and Mental Hygiene (DHMH). In summary, the Department has taken over 'in-house' maintenance of the Census and Billing modules starting in July 2002 (since the source code is owned by the Department). Additionally the HMIS will become compliant with the Health Information Accountability Act (HIPAA) for transactions and code set regulations by procuring a third party vendor's service (software translator) in Fiscal year 2002. This step has been accomplished by signing a sole source contract with CSM to provide a HIPAA compliant translator for ANSI 837 I and P billing records. One significant unresolved issue is that the source code for the Pharmacy module is not owned by DHMH and CSM will not maintain the Pharmacy module past October 2002 unless the Department renegotiates the pricing for Pharmacy module software maintenance for FY2003. Consequently, a new strategy (e.g., negotiate the purchase of Pharmacy module source code from CSM) will have to be pursued by the Department following the resolution of the software maintenance dispute.

6. Costs:

	FY2002	FY2003	FY2004
General Funds	\$60,000	\$5,000	\$5,000
Special Funds	-0-	-0-	-0-
Federal Funds	-0-	-0-	-0-
Reimbursed Funds	-0-	-0-	-0-

7. Major Milestones:

Fiscal Year 2003 - Production of HIPAA compliant 837 I/P records (bills) by March 31, 2003

8. Goals/Objectives & Performance Indicators:

Goal: Based upon Federal Government extension, achieve HIPAA compliance for Transactions and Code Sets by October 2003.

Objective 1.0 - Monitor progress of HIPAA software translator vendor (CSM). Final delivery date is March 31, 2003

Performance measure: By March 31, 2003, successfully transmit HIPAA compliant billing data to a selected business partner (e.g., Medicaid) for acceptance testing.

Comments: Due to the merger of AIMS and CSM, there are now several variables that will make it extremely difficult to accurately predict cost estimates since the costs will be directly influenced by the specific Pharmacy strategy taken by the Department in conjunction with CSM's marketing strategy.

9. Other Affected Projects - Division of Reimbursements - Revenues
Mental Hygiene Administration - Accreditation

Project Summary #9 Laboratories Administration

INFORMATION TECHNOLOGY Project Request (ITPR)

1. Agency: DHMH Laboratories Administration

2. Budget Appropriation Code: 32.10.02.01

3. Mission Statement:

It shall be the mission of the Laboratories Administration to help promote, protect and preserve the health and well-being of the people of Maryland from the consequences of communicable diseases, environmental hazards, and from unsafe food, drugs, and consumer products by promoting and enforcing standards of quality and care in cooperation with both public and private agencies at the local, state, and federal levels. This mission shall be accomplished with maximum public benefit at a minimum cost to the people in Maryland.

4. Summary of Business Function:

The public health laboratory has the responsibility to provide testing and related laboratory services of the highest quality to the Department of Health and Mental Hygiene, local health departments, Maryland Department of the Environment (MDE), Department of Natural Resources (DNR), Labor and Industry (MOSH), and other government entities in support of public health and environmental programs. These include the following:

- I. Disease Prevention and Control;
- II. Environmental Health and Environmental Protection;
- III. Food Safety and Consumer Safety;
- IV. Emergency Response;
- V. Regulation; and
- VI. Policy Development and Assurance.

5. Organizational Chart: (see attachment)

6. Information Technology Resources:

A. Organizational Chart: (see attachment)

B. IT Staff:

<u>Name</u>	<u>Title</u>	<u>Classification</u>	<u>Function</u>
George T. Wilson, CCP	MIS Division Chief	DP PA Supervisor	Manage Lab MIS Shop Systems Development Database Management HIPAA Contact
Brian K. Stallsmith, CNA	LAN Administrator	CNS II	LAN Administrator Web Site Development PC Support eGovernment Contact
Alicia M. Mosley	LAN Specialist	CNS I	LAN & PC Support
Stephen M. Fishbein	System Operator	DP PA I	AS/400 Operations AS/400 Security Property Acct. Officer
(vacant)	Systems Developer	DP PA II	Systems Development Database Management Bioterrorism Contact

C. Principle Hardware and Software Applications:

<u>Hardware</u>	<u>Software</u>	<u>Type</u>
AS/400e	Laboratory Relational Database Systems (LRDS) Laboratory Information System (LIS) InfoCure Ideal	LIMS LIMS Billing Package Billing Package
Departmental Server	GroupWise	Email
NSS Server	Newborn Screening System (NSS)	LIMS
Drug Control Server	GroupWise	Email

D. Total IT Inventory:

<u>Location</u>	<u>Item</u>	<u>Count</u>
Central Labs	AS/400e	1
201 W. Preston	System Printers	5
	Fax Servers	2
	Bar Code Printers	6
	Terminals	60
	Network Servers	3
	Network PCs	71
	Network Printers	4
	PCs	120

	Printers	70
	Scanner	1
	Laptop PCs	2
	PC Projector	1
Drug Control Patterson Ave.	Network Server	1
	Desktop PCs	3
	Laptop PCs	5
	Printers	5
ESRL Holly Center	PCs	6
	Printer	1
SMRL Cheverly	PCs	2
	Printer	1
WMRL Cumberland	PCs	5
	Printers	2
Frederick Branch Lab	PCs	1
Annapolis Branch Lab	PCs	1

7. On-line Services:

Informational services are available on the Internet at present. Administration web site is still under development. Services identified through the eGovernment initiative as applicable are being placed on the Internet. Feasibility of placing the internal AS/400 application on the Intranet under study.

8. Project Management:

A. Project Title: Automation of Laboratory Testing Database and Reporting

B. Project Description:

Since FY 1985 the Laboratory MIS Division has been working towards the computerization of Laboratory specimen registration, tracking, reporting, and statistics generation. Initial development work started on a TRS-80 microcomputer with the first application implemented in FY 1988 on an IBM System/36. In this first phase of computerization, several high-volume and critical-services labs were implemented, one on a network server.

By FY 1993 the System/36 had reached its capacity and a new phase of development was started. In Phase II, an IBM AS/400 was purchased along with a vendor-developed software package to computerize the remaining lab areas. In FY 1995 several Clinical Services labs were implemented using this package. This phase also saw the initial use of bar code labels and faxing of reports.

By FY 1998, with the bulk of the Clinical Services labs being privatized and poor data entry performance with the software package, a new phase of computerization was initiated. In Phase III, the remaining Clinical Services labs were converted from the vendor package to in-house

developed software and the remaining public health labs were computerized in turn. This work was completed by the end of FY 2001. This phase also saw the expansion of or network capability to include email for clerical/managerial staff and Drug Control and two of the Regional Laboratories (ESRL and WMRL).

The next phase of this project will involve converting the existing computerized labs over to LITS Plus, a LAN-base LIMS developed by the CDC. This will be followed by the implementation of additional, non-computerized labs onto the new system. It will also address compliance with the eGovenment initiative and with HIPAA. Projected completion time for this phase is five to seven years.

C. Project Team:

<u>Name</u>	<u>Title</u>	<u>Classification</u>	<u>Function</u>
George T. Wilson, CCP	MIS Division Chief	DP PA Supervisor	Systems Development Database Management
(vacant)	Systems Developer	DP PA II	Systems Development Database Management
Brian K. Stallsmith, CNA	LAN Administrator	CNS II	Network Administrator
Alicia M. Mosley	LAN Specialist	CNS I	Network Operations
Stephen M. Fishbein	System Operator	DP PA I	Systems Operations

D. Implementation Strategy:

The AS/400-based system has been developed incrementally both horizontally and vertically since FY-1985. While each lab area has had a custom module developed in-turn, new features such as displaying report slip, bar code generation, and automatic and on-demand faxing have been added to all the modules as those features are developed.

Development of public health laboratory modules began in FY-1985 with the first lab implemented in FY-1988. Thirteen modules have been developed through FY-2000 computerizing twenty-four labs. Three modules, two labs, and one test were computerized during FY-2001 completing the computerization of the public health laboratories.

Operation, maintenance and enhancement of this system are ongoing and are projected to continue for the life of the system. No retirement date for this system has been set at present but the system will remain in operation at least through the end of FY-2006.

The LAN-based LITS Plus system will be implemented in phases. The first phase will involve upgrading the LAN infrastructure to include all of the laboratories (Projected completion FY-2004). The next phase will be the development and implementation of a pilot module for one lab (Projected completion FY-2005). The final phase will be the development and implementation of the remaining labs (Projected completion FY-2008).

E. Description of Requirements and Funding:

General	Actual	Current	Budget Req	Projected	Projected
----------------	---------------	----------------	-------------------	------------------	------------------

Funds	FY02	FY03	FY04	FY05-07	FY08+
Salaries, Wages	\$258,745	\$276,230	\$285,740	\$295,000	\$300,000
Communications	18,490	18,490	18,490	18,490	18,490
Infrastructure	2,547	5,783	5,783	5,783	5,783
Contractual Serv.	30,536	26,100	27,672	27,000	27,000
Equip. Replace	118,500	81,411	44,350	0	0
Equip. New	0	0	0	10,000	10,000
Total	\$428,818	\$408,014	\$382,035	\$356,273	\$361,273

Federal	Actual	Current	Budget Req	Projected	Projected
Funds	FY02	FY03	FY04	FY05-07	FY08+
Salaries, Wages	\$0	\$63,830	\$63,830	\$63,830	\$63,830
Communications	0	0	0	0	0
Infrastructure	0	0	0	0	0
Contractual Serv.	0	0	0	0	0
Equip. Replace	0	0	0	0	0
Equip. New	0	234,000	0	0	0
Total	\$0	\$297,830	\$63,830	\$63,830	\$63,830
Grand Total	\$428,818	\$705,844	\$445,865	\$420,103	\$425,103

E. Project Status:

	Actual FY02	Current FY03	Budget Req FY04	Projected FY05-07	Projected FY08+
Development	X	X	X	X	X
Operations	X	X	X	X	X
Maintenance	X	X	X	X	X
Replacements		X			
Retirement			X		

F. Other Projects Impacted:

The AS/400 and Server based Laboratory Information Management Systems (LIMS) directly effect projects in CPHA Divisions: Immunization, Communicable Diseases, Sexually Transmitted Diseases, Veterinary Medicine, and Epidemiology; Local Health Departments, the Maryland Department of the Environment; and the Centers for Disease Control by providing timely and accurate test results and statistics electronically, by fax, and in hardcopy.

G. Risk Management:

Continuous 24 x 7 operation of the Laboratory Information Management Systems is required. Risks to this include the obvious: Power Failure, Equipment Failure, etc. To minimize these risks steps have been taken: duplicates of key components (2 network servers, 2 fax servers, 3 line printers) and Uninterruptible Power Sources. The one major component with no backup is the AS/400. Off-site tape backups are continually maintained and a Business Continuation Plan (formerly Disaster Recover Plan) has been in place since FY-1991 and is updated regularly.

Another issue that may introduce risk is lack of adequate funds. This issue will be addressed in the foreseeable future.

H. Linkage to Maryland's ITMP:

Upgrades to the Laboratory Web Site are ongoing. This serves as a platform for Web enabling 50% of the appropriate business functions by FY 2003, 65% by FY 2004, and 80% by FY 2005. By FY 2003 the Laboratories Administration has already exceeded the 80% goal. Research into the feasibility of placing the AS/400-based applications on the Intranet is also under way.

Identification of systems requiring HIPAA compliance is completed. Transaction and Code Set compliance completed. Work ongoing for Privacy and Security compliance.

I. Linkage to Managing for Results:

Goal 6. Reduce turnaround time of test results for investigation of infectious diseases and environmental monitoring.

Objective 6.2 During FY 2003, reduce turnaround time for viral diseases to 6 business days.

Strategy 6.2.2 Issue preliminary reports rather than delay until final reports are issued.

Project Summary #10 Office of Governmental Affairs

Information Technology Project Summary

Section	Description
1. Project Title	Web Enabling OGA Database
2. Major Project Y/N	Yes
3. Project Description	To develop a new Legislative Tracking system for the Office of Governmental Affairs. The main goal of this project is to make the system available online using Internet Explorer.
4. Project Management	Ted Matson from IRMA and Paul Althoff from OGA
5. Project Status	The project started in late July and is still in development. Testing should begin in September or October.
6. Project Estimated Cost	N/A - No cost to Governmental Affairs
7. Major Milestones	<ol style="list-style-type: none">1. To Duplicate the functionality of the existing Legislative Tracking system2. Define new information that the liaisons would like to track.3. Define new reports needed by the liaison4. Testing the new system
8. Managing For Results	As with the current system it will support the goal of tracking priority health-related legislation, as defined by the Governor's Office and by the Department. In addition it will allow the DHMH legislative liaison to better track their priority departmental bills.
9. Other Projects Impacted by this Project	This project will allow all legislative liaisons within DHMH to use the data that OGA is tracking along with the additional information that their Administration is interested in tracking. The new web based system will allow for DHMH to have one database that every legislative liaison can use to track bills rather than each administration having their own individual tracking system. This will increase employee efficiency by reducing duplicative work.

Project Summary #11 HIPAA (Medicaid)

Medical Care Programs Administrations

IT Project Summary

Section	Title	Description
---------	-------	-------------

1. Project Title:	Acquisition of EDI Software for MMIS	
-------------------	---------------------------------------------	--

2. Major Project Y/N:	(YES) - Major IT Project – New Development.	
-----------------------	----------------------------------------------------	--

3. Project Description: The Office of Operations and Eligibility develops and maintains the MMIS system to ensure prompt and accurate payment to providers of health care services. It maintains files of approved providers of services and Maryland residents certified as eligible to receive services through the Medicaid Program. This Project entails bringing the MMIS system into Health Insurance Portability and Accountability Act (HIPAA) compliance. This involves the selection and procurement of the Electronic Data Interface Translator, monitoring the installation and tailoring of the base translator software, modification of the MMIS to interface with the EDI Translator, evaluation of the existing infrastructure to support the addition of the EDI translator to the MMIS, and critical review of performance in the initial start-up period.

The purpose of the Project is to accomplish HIPAA Transaction compliance by October 16, 2003. The scope of the effort and its impact are wide-ranging. All business processes and systems are affected. The Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, was signed on August 21, 1996. In addition to the subject referenced in its title, the Act set forth an objective for Administrative Simplification. "It is the purpose of this subtitle to improve the Medicare program under Title XVIII of the Social Security Act, the Medicaid program under Title XIX of such Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information." HIPAA regulations have adopted standards for electronic transactions and standards for code sets.

The expected outcome at project completion is HIPAA compliance to the final rules on Standards for Electronic Transactions in order for the Medical Care Program to meet its obligations to both its customers and taxpayers by providing quality services in a most effective and timely manner. Therefore, this project significantly modifies, both, MMIS' infrastructure and applications.

4. Project Management: Mr. John Bohns, Division Chief,
Division of Management Information Systems.
Office of Operations and Eligibility, MCP

5. Project Status:

HIPAA is a federal law with which the Medicaid Program must comply on or before October 16, 2003. This law establishes national standards for electronic data interchange (EDI) between Medicaid and health care providers who wish to be paid for services rendered to Medicaid clients. This is a New Systems Development Project, which when complete, should improve the efficiency of claim payment at significantly lower cost. This multi-year project establishes a timeline for the transition of every major health transaction in the Medicaid Program to a standard form. The project is in its early design and development phase, and the contractor is on time with the schedule projected in the Project Plan.

- 6. Project Estimated Cost:** Provide the total estimated cost for the project by fiscal year and funding source (general funds, special funds, federal funds).

Funding Sources	Prior to FY03	Approp FY03	Budget Req FY04	Gov Allo FY04	Projected FY05	Project	Projected	Projected FY08	Total Funds
General Funds	26,295	983,095	259,500	\$\$\$	200,000	200,000	200,000	200,000	1,683,795
Federal Funds	236,655	5,141,905	2,190,500	\$\$\$	1,800,000	1,800,000	1,800,000	1,800,000	15,154,155
TOTAL ALL FUNDS	262,950	6,125,000	2,450,000	\$\$\$	2,000,000	2,000,000	2,000,000	2,000,000	16,837,950

- 7. Major Milestones:** State the major milestones for the project by fiscal year.

Phase	Major Milestones				Planned End Date	
Initiation/ Concept	***** ***** SE Vendor Orientation ***** *****EDI Translator Software Purchase Order *****				7/25/02	

	<p>*****</p> <p>Update Project Plan</p> <p>*****</p> <p>*****</p> <p>On-Site Vendor Requirements</p> <p>*****</p> <p>*****</p>				
Planning/ Req. Analysis	<p>*****</p> <p>*****EDI</p> <p>Translator Software Provider Orientation</p> <p>*****</p> <p>*****Project</p> <p>Plan Update</p> <p>*****</p> <p>*****</p>			8/29/02	
Design / Development / Integration / Test	<p>*****</p> <p>*****</p> <p>EDI Translator Software Tailoring to MMIS</p> <p>*****</p> <p>*****</p> <p>EDI Translator Installation</p> <p>*****</p> <p>*****</p> <p>Training, Testing and Implementation Plans</p> <p>*****</p> <p>*****</p>			4/4/03	
Implementation	<p>*****</p> <p>*****</p> <p>MMIS Tailoring</p> <p>*****</p> <p>*****</p> <p>Test Environment: Installation, Testing, and Implementation</p>			10/16/03	

	***** ***** Production Environment: Installation, Testing and Implementation ***** *****				
Operations / Maintenance	***** ***** Monitoring of Initial Operations ***** *****			On-going System. Updates thru FY 2008	
Disposition)	<i>Not required</i>				

8. Managing For Results (MFR):

MQ.01 Medical Care Programs Administrations - FY 2004 MFR.

Goal 5. Maximize the effectiveness of operations of the Medical Care Programs.

Objective 5.1 By the close of Fiscal Years 2004, meet each of the Health Insurance Portability and Accountability Act (HIPAA) implementation plan requirements.

Outcome for Objective 5.1:

	<u>2001 Actual</u>	<u>2002 Estimated</u>	<u>2003 Estimated</u>	<u>2004 Estimated</u>
Percent of Implementation Plan Completed.	28%	45%	100%	100%

9. List of Other Projects Impacted by this Project:

- for Internal Agency Projects – List the title of the project.

At the present time, there are several on-going HIPAA Projects at DHMH.

- for Other MD Agency Projects – List Agency/title of project.

HIPAA is a nationwide implementation, encompassing both the private and public sector. Any Agency that deals directly with a health care provider may be affected.

- for Other Federal, County, Municipal or Private Projects -

The HIPAA Initiative of the Federal Government is a nationwide implementation and it is considered by health care economist and other analyst as one of the most significant changes in the practice of the health care sector in many decades; one that will directly impacting Maryland Providers, Patients, Insurers in both the private and public sector.

Project Summary # 12 First SX – Point of Sale – Electronic Claims Management Network

Medical Care Programs Admininstrations

IT Project Summary

Section Title	Description
---------------	-------------

- 1. Project Title:** First SX - Point of Sale – Electronic Claims Management Network
- 2. Major Project Y/N:** No. It is an enhancement to an Operations & Maintenance System.
- 3. Project Description:**

The Program issued a Request for Proposal (RFP) to initiate the procurement process to secure a Point-of-Sale contractor commencing January 1999. As a result, the RFP included comprehensive pharmacy service needs of HealthChoice, the Specialty Mental Health System, the remaining fee-for-service system, mandatory MBE requirements, system enhancements, Coordinated PRO-DUR, in addition to the continued management of the Federal and State Rebate Programs. In addition, the prospective vendor was also requested to incorporate the stand-alone Kidney Disease Program's pharmacy processing operations and management of the Rebate Program. The Kidney Disease Programs component is budgeted separately in their operating budget.

FY 2004 represents the exercise of the fourth of five one-year renewal options for the continued operations and management of the Medicaid Point of Sale Electronic Claims Management Network and Rebate Programs. However, the Program found it necessary to increase funding due to the increase in the claims processing volumes. An additional funding request for FY 04 is based on the increase in claims volume and charge due to the new SX system.

Due to the National Health Insurance Portability and Accountability Act (HIPAA), the vendor is now required to modify the existing pharmacy claim adjudication system in order to be HIPAA compliant. HIPAA necessitates that all pharmacy claims be identified by a universal code called the National Council for Prescription Drug Programs (NCPDP) transaction standard. The vendor will need to develop a new system called First SX. The development of this new system will include the conversion of the current POS system to First SX, conversion of one year of claims history, provider training, conversion to NCPDP and conversion of current coverage plans to the First SX system.

- 4. Project Management:** James Demery
- 5. Project Status:** Provide a brief summary of the current status of the project.

Is the project in development, enhancement, or operations?

This project is an Operations and Maintenance, just completing the latter stages of a major enhancement. The projected completion date of the enhanced system is January 2003. First SX conversion/HIPPA compliance will be completed.

6. Project Estimated Provide the total estimated cost for the project by fiscal year and **Cost:** funding source (general funds, special funds, federal funds).

Project Estimated Cost	Prior to FY 03	Approp FY 03	Budget Req FY 04	Gov Allow FY 04	Projected FY 05	Projected FY 06	Projected FY 07	Projected FY 08	Total GF
TOTAL ALL FUNDS	0	\$2,415,303	\$2,793,054	0	\$2,898,995	\$2,997,719	\$3,101,379	\$3,210,222	\$17,416,672

7. Major Milestones:

Medicaid Service Areas Added to the POS System	Completion Date
------------------------------------------------	-----------------

KDP/Rebate	Fiscal 1999
Coordinated Pro Dur	Fiscal 1999
Encounter Data	Fiscal 2000
RX-Pert (on-line Adhoc) Reporting	Fiscal 1999
Medicare Cost Avoidance	Fiscal 1999
Nursing Home Electronic Billing	Fiscal 1999
TPL Cost Avoidance	Fiscal 1999
Link of Recipient #	
Phar. Dept. Claims Req. Diagnosis	Fiscal 1999
Mental Health Claims	Fiscal 1999
Compound Claim Processing	Fiscal 1999
HIPPA/5X Conversion	January 2003

8. Managing For Results (MFR): Provide the agency goal/objective this project supports.

Due to the National Health Insurance Portability and Accountability Act (HIPAA), POS vendor is now required to modify the existing pharmacy claim adjudication system in order to be HIPAA compliant.

MQ.01 Medical Care Programs Administrations - FY 2004 MFR.

Goal 5. **Maximize the effectiveness of operations of the Medical Care Programs**

Objective 5.1 By the close of Fiscal Years 2004, meet each of the Health Insurance Portability and Accountability

Act (HIPAA) implementation plans and Requirements for 2004.

**Outcome for 5.1:
Objective**

**Percent of
Implementation Plan
Completed.**

2001 Actual	2002 Estimated	2003 Estimated	2004 Estimated
28%	45%	100%	100%

**9. List of Other
Projects Impacted
by this Project:**

Is the project impacted by or interface with other internal Agency, other MD Agencies' or other Federal, County, Municipal or Private projects? If so,

- **for Internal Agency Projects –**

At the present time, there are several on-going HIPAA Projects at DHMH.

- **for Other MD Agency Projects –**

HIPAA is a nationwide implementation, encompassing both the private and public sector. Any Agency that deals directly with a health care provider may be affected.

- **for Other Federal, County, Municipal or Private Projects –**

MCO/Managed Care Org. Pharmacies/Providers in the State of Maryland.

Project Summary #13 MMIS

Medial Care Programs Administrations

IT Project Summary

Section	Title	Description
---------	-------	-------------

- 1. Project Title:** **MMIS Operations and Maintenance Support Task Order.**
- 2. Major Project Y/N:** No. It is a Task Order for Operations and Maintenance Support
- 3. Project Description:**

A Task Order Request for Proposals (TORFP) was issued to acquire operations and maintenance support under the Software Engineering Functional Area of the TSP. This is a Master Task designed to acquire mainframe application developers and specialists to support

development, enhancement, and maintenance of the Medicaid Management Information Systems (MMIS) application and supporting network applications.

Specifically, enhancement and maintenance are needed for the MMIS Claims Subsystem, Recipient Subsystem, MARS Reporting Subsystem, and information retrieval system, as mandated by the federal and state government. The contractor selected, Computer Sciences Corporation (CSC), has met the requirements and will provide services based on the specifications of the documents listed in the Task Order Agreement (TOA). This contractor agrees to provide services during the period of June 1, 2002 through April 30, 2003 with two (2) one (1) year options.

The federally mandated MMIS presently consists of 6 core subsystems: Recipient; Provider; Claims processing; Reference file; Surveillance and Utilization Review; Management and Administrative Reporting. For Maryland, subsystems support all of the following functions: Buy-in; HealthChoice; Eligibility; Third Party Liability; Maryland Children's Health Program (MCHP); MCHP premium; Eligibility Verification System; Pre-Authorization; and Early and Preventive Screening, Diagnosis and Treatment.

4. Project Management: Mr. John Bohns, Division Chief,
Director, Division of Management Information Systems.

5. Project Status: Provide a brief summary of the current status of the project.
Is the project in development, enhancement, or operations?

Milestone I, Deliverable 1 – The SE Contractor provided all resumes as requested.

Status: Deliverable 1 has been delivered and is under review by OOE at the present time.

Milestone II, Deliverable 1 - Project Progress Report Formats, as of Sept. 2002, are below:
At the present time the first report is pending.

(a) Work accomplished during the reporting period, specifically:

- 1) Weekly status report
- 2) Monthly CSR/PIR/AD-HOC request Billable Hour report
- 3) Monthly report of all CSR/PIR/Ad-HOC request assigned with billing hours applied to each.

(b) Problem areas

6. Project Estimated Cost: Provide the total estimated cost for the project by fiscal year and funding source (general funds, special funds, federal funds).

Funding Sources	Prior to FY03	Approp FY03	Budget Req FY04	Gov Allow FY04	Project FY05	Project	Project	Project FY08	Total Funds
General Funds		365,575.03		\$\$\$\$\$					
Federal Funds		1,157,654.25		\$\$\$\$\$					
Total All Funds		1,523,229.28		\$\$\$\$\$					

- 7. Major Milestones:** State the major milestones for the project by fiscal year.
While the precise length of a project's system life cycle may be difficult to determine, projects should generally be definable in terms of distinct, though possibly overlapping phases.

Milestone I – Orientation / Selection of Staff / Administrative Meeting

Orientation: Orientation will cover all concerns related to start-up of contract.

Identification of Personnel: This first step of Orientation will occur within 1 week of contract signature. The Contractor will provide resumes of personnel.

Administrative Meeting: A meeting will be scheduled at 201 W. Preston Street, Baltimore, Maryland 21201 within 1 month after award of contract. Its primary focus will be on explaining administrative procedures regarding invoices, a format for billing, and a standard for timeliness.

Deliverable 1

The Software Engineering Contractor shall provide all resumes as requested by OOE. Software Engineering Contractor will work with OOE to schedule interviews and establish start dates as requested by OOE.

Milestone II - Contract Performance Monthly Billing

Monthly status and billable hours reports to serve as a basis for contract performance measures.

Deliverable 1

The Software Engineering Contractor will be responsible for supplying OOE with individual weekly status reports of activities, a monthly CSR/PIR/AD-HOC Billing Hours Report, and a listing of all CSR/PIR/AD-HOC assigned, with billing hours applied to each.

- 8. Managing ForResults (MFR):** Provide the agency goal or objective this project supports.

FY 2004 MFR Strategies – Goals of Medicaid Medical Care Programs Administration (MCP):

Goal 5. Maximize the Effectiveness of Operations of Medical Care Programs (MCP).

Objective 5.2 DHMH will pay at least 90% of all clean fee-for-service claims by 30 days of receipt.

Objective 5.4 DHMH will pay the MCO's, at least, 90% of all clean claims by 30 days.

9. List of Other Projects Impacted by this Project:

Is the project impacted by or interface with other internal Agency, other MD Agencies' or other Federal, County, Municipal or Private projects?

- for Internal Agency Projects – The Medicaid HIPAA Project, a Major IT Systems Development Project, now under development.
- for Other MD Agency Projects – List Agency/title of project. None.

- for Other Federal, County, Municipal or Private Projects – None.

Project Summary #14 eMedicaid

Medical Care Programs Administrations

IT Project Summary

Section	Title	Description
1. Project Title:	eMedicaid and MMIS System Enhancement Services Project.	
2. Major Project Y/N:	No	
3. Project Description:	Briefly describe the project in non-technical terms. Identify the business function supported by this project. Is the project infrastructure or an application?	

The State of Maryland has established its objectives for eGovernment by enacting a set of bills in April 2000. The State recognizes that 24x7 electronic access to government can serve to improve service delivery and realize cost savings for itself and its customers/citizens. (The Legislature) has set goals for the transition to this new way of doing business: 50% of all government information and services available on-line by 2002 and 80% availability by 2004.

The Department of Health and Mental Hygiene (DHMH) has primary responsibility for the management of the State's Medicaid program. Organizational responsibility for this project has been placed with the Office of Operations and Eligibility, Medical Care Programs. An eMedicaid project is already underway with the objective of establishing web-enabled services. The planning effort, described below, sought to determine the status of the current environment and define the tasks ahead to meet the State's objectives.

In November 2000, Medicaid launched their eMedicaid Services Project in three phases:

The eMedicaid Diagnostic Phase included performing an assessment of the current system, comparing the current system to other Medicaid agencies, and identifying potential opportunities for implementing specific system functionality through internet based application(s).). This high-level project approach consists of the following activities: eMedicaid Assessment, Opportunity Identification, and Road Map Development.

The eInfrastructure Diagnostic Phase included assessing the current infrastructure and developing recommendations and identification of needs. It focuses on the technology implications resulting from the eMedicaid diagnostic. . This high-level project approach is composed of the following four activities: Initial Assessment, Technology Direction, eInfrastructure Design, and eInfrastructure Development.

The eMedicaid Implementation Plan followed from the design & development of those opportunities that have been identified and selected for development within the present budget. The aim is to enable this initiative to be implemented progressively, in Tiers, while also allowing new service delivery mechanisms to be piloted to a selected audience in FY 2001 before any widespread rollout to further customer groups.

4. Project Management: Mr. Craig Smalls, Deputy Director,
Systems and Operations Administration
Office of Operations & Eligibility, Medical Care Programs

Deputy Secretary of Health Care Financing
Department of Health and Mental Hygiene

5. Project Status: Provide a brief summary of the current status of the project.

eMedicaid Services Additions

As described in the Program Description, the planning effort culminated in an eMedicaid Roadmap that consolidates the findings of the two diagnostics. A high-level workplan suggests the steps required (tasks and milestones) to fulfill the Governor's goals. Four groupings (Tiers) were identified for staged development of web-based applications. A set of short-term decisions is presented to guide our first initiative as to hosting and a software development standard.

The first stage of work included development of 4 applications contained in Tier 1 of eMedicaid opportunities. On November 2001, a contract was awarded under the ASP functional area of the TSP to provide hosting capabilities for the Tier 1 applications. This contract awarded for 1-year w/ 2 option years provides OOE with a scalable base for the eMedicaid.

Current efforts are focused on migration of the Tier 1 applications to the ASP host. Therefore, we are seeking continued support for developing additional applications to meet the State's eGovernment initiatives.

6. Project Estimated Cost: Provide the total estimated cost for the project by fiscal year and funding source (general funds, special funds, federal funds).

Project Expenditures by Comptroller Object

Comptroller Object Codes	Prior to FY03	Approp FY03	Budget Req FY04	Gov Allow FY04	Projected FY05	Projected I	Projected	Total
01.Salaries, wages	\$	\$	\$ 183,750	\$	\$	\$	\$	\$ 183,750
02.Technical & fees	\$	\$	\$	\$	\$	\$	\$	\$
03.Communications	\$	\$	\$	\$	\$	\$	\$	\$
04.Travel	\$	\$	\$	\$	\$	\$	\$	\$
06.Fuel & Utilities	\$	\$	\$	\$	\$	\$	\$	\$
07.Motor Vehicle O/M	\$	\$	\$	\$	\$	\$	\$	\$
08.Contractual Services	\$	\$	\$ 343,500	\$	\$	\$	\$	\$ 343,500
09.Supplies & Materials	\$	\$	\$	\$	\$	\$	\$	\$
10.Equipment Replace	\$	\$	\$ 222,750	\$	\$	\$	\$	\$ 222,750
11.Equipment Add'l	\$	\$	\$	\$	\$	\$	\$	\$
12.Grants, Subs.& Contr	\$	\$	\$	\$	\$	\$	\$	\$
13.Fixed Charges	\$	\$	\$	\$	\$	\$	\$	\$
14.Land & Structures	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$ 750,000	\$	\$	\$	\$	\$ 750,000

7. Major Milestones:

Medicaid's senior management identified and prioritized 50 eOpportunities to be implemented by FY 2002, however, due to budget constraints; the eMedicaid Project was rescheduled/reprioritized to the following:

FY 2002 – Tier 1: Projects: 1 – 4 and establish eMedicaid Hosting Environment.
FY 2003 – Tier 2: Projects: Put on Hold Due to Budgetary Constraints.
FY 2004 – Tier 2: Projects: 5 – 20
FY 2005 – Tier 3: Projects: 21 – 35
FY 2006 – Tier 4: Projects: 36 – 50 – Projected, if and when, funds become available.

8. Managing For Results (MFR): Provide the agency goal or objective this project supports.

Statewide ITMP Goals:

1. Develop State Information Technology projects on time, on budget, within scope, and to the satisfaction of customers.
2. Coordinate the State's business functions across State agencies where it saves time and money, and increases customer satisfaction.
5. Make State information and services available to the public over the Internet according to the following schedule: 50% by 2002, 65% by 2003, & 80% by 2004.

FY 2004 MFR Strategies – Goals of Medicaid Medical Care Programs Administration (MCP):

Goal 1. Improve the Health of Maryland's Children and Pregnant Women.

Objective 1 Increase the percentage of HealthChoice children/women to a variety of health care services, such as:

- Objective 1.2 Increase the % of HealthChoice children, ages 3 – 6 who received 1 Well-Child visit/year.
Objective 1.3 Increase the % of HealthChoice children, who received immunizations at age 2.
Objective 1.4 Increase the % of children, ages 9 through 18 months received lead tests during the year.
Objective 1.6 Increase the % of HealthChoice children, who use dental services to 70%.

eMedicaid's searchable Provider Directory will allow Recipients to look-up a provider on the internet, in relation, to their specific needs 24 hours day/7 days a week. The Directory will have location, Provider type, and even, public transportation information. Access to information about Health Services and Providers will now be a universal feature available to all Medicaid Recipients.

Objective 1.13 Prevent Further Decline in Physician Provider Participation.

eMedicaid will implement a Provider Portal that will support all facets of DHMH – Provider communication, including, Provider Training. MCO's will be able to make real time update to their own provider network information. It is intended to support the Office of Health Services to improve coordination, implementation and monitoring of all relevant Provider-Recipient issues.

For example, eMedicaid will implement Remittance Look-up Advice Summaries that allow Providers to monitor all electronic billings they submit and print current summaries of their balances, via, the eMedicaid Remittance Advice (RA) service which allows providers to review and print their RA on-line, via, an *eMedicaid Activity Report*. This feature is available from the *Provider Services Home Page*.

Goal 4. Maximize the Cost Effectiveness of the MCP's Expenditures for Health Care Services.

Objective 4.6 Implementation of 40% of eMedicaid Web-based Business Function Applications.

Goal 5. Maximize the Effectiveness of Operations of Medical Care Programs (MCP).

Objective 5.2 DHMH will pay, at least, 90% of all clean fee-for-service claims by 30 days of receipt.

This application will greatly enhance the timeliness of verifying the accuracy of submitted service claims. eMedicaid will implement Remittance Look-up Advice Summaries that allow Providers to monitor all electronic billings they submit and print current summaries of their balances, via, the eMedicaid Remittance Advice (RA) service which allows providers to review and print their RA on-line, via, an *eMedicaid Activity Report*. This feature is available from the *Provider Services Home Page*.

9. List of Other Projects Impacted by this Project:

Is the project impacted by or interface with other internal Agency, other MD Agencies' or other Federal, County, Municipal or Private projects? If so,

Does the project interface with other internal Agency or other MD Agencies' projects? If so,

- **For Internal Agency Projects**– Yes, it will interface and have linkage to the DHMH Portal.
- **For Other MD Agency Projects**- – Yes, it will interface and link to the State of Maryland Portal.
- **For the Health Care System of Maryland/United States** –
- The eMedicaid Services Project is Medicaid's eGovernment Initiative as mandated by the Governor. It has the potential to creating revolutionary changes in the practice of Maryland's Health Care System by providing health care information and services that will directly impact Providers, Patients and Insurers in both the private sector and public sector.

Project Summary #15 Electronic Vital Records Registration System

Vital Statistics Administration

Title	Description
1. Project Title	Electronic Vital Records Registration System for the State of Maryland
2. Major project	Yes.
3. Project Description	The purpose of this project is to implement a statewide, web-based electronic vital records system for collecting and processing vital statistics information; issuing birth, death and marriage certificates; and analyzing vital statistics data. The result of implementing this system will be a paperless vital records system that will improve customer service, improve the timeliness, completeness and accuracy of vital statistics data, improve the exchange of data between the Vital Statistics Administration and other agencies and improve the integrity of the vital records system.
4. Project Management	Robert Hayman, Ph.D. Project Manager
5. Project Status	The project is in development.
6. Project Estimated Cost	\$1.39 million.
7. Major Milestones	The original completion date for this project was 11/29/01. However, the vendor (ManTech) has not yet completed development of the software. It is anticipated that development will be complete by the end of calendar year 2002.
8. Managing for Results (MFR)	This project will have an impact on all three key goals of the Vital Statistics Administration: (1) To provide birth, death and marriage certificates and divorce verification to customers requesting these documents; (2) To collect timely, complete and accurate birth and death data from hospitals, funeral homes and nursing homes; and (3) To prepare and provide vital statistics and population data to users in the public and private sectors. An integrated, electronic vital registry system will have a positive impact all outcome measures identified as Performance Indicators since it will improve the timeliness of records available to customers, decrease the waiting time for obtaining a certificate from the Division of Vital Records, improve the timeliness of vital statistics reports, and improve the turnaround time for responding to requests for vital statistics data.
9. List of Other Projects Impacted by this Project	None.

Project Summary #16 WIC WINS

Family Health Administration

IT Project Summary

Title	Description
1. Project Title	WIC WINS (WIC Windows Integrated Nutrition System)
2. Major Project Y/N	N
3. Project Description	Automation system for the Maryland WIC program to allow clinic users to schedule appointments, certify participants and issue benefits (food checks). The system also includes vendor management and financial management components for use by the State office.
4. Project Management	John Connelly
5. Project Status	For SFY 2004 the project will be in operations mode with routine maintenance and monitoring handled by an authorized contractor.
6. Project Estimated Cost	\$656,924
7. Major Milestones	WIC WINS will be in operations mode throughout all of SFY 2004; therefore no major milestones are applicable within this period.
8. Managing For Results (MFR)	To improve the health status of Marylanders and their families by assuring the provision of quality primary, preventive and specialty care services.
9. List of Other Projects Impacted by this Project	N/A

Project Summary #17 AIDS Administration

IT Project Summary

Section	Title	Description
1.	Project Title:	Centralized E-HARS
2.	Major Project:	N
3.	Project Description:	Design and implement a system to be used for conducting WEB based surveillance (E-HARS) using CDC-developed application software (Oracle database & Microsoft 2000 Server platform). Authorized surveillance staff will access the E-HARS Database via a WEB browser. This is an upgrade from the CDC HARS DOS based application.
4.	Project Management:	Fred Noll (Network Specialist Supervisor 4414/19), Jun Gui (Oracle DBA (contractual)), Mike James (Network Spec. I 4412/16), & CDC.
5.	Project Status:	Waiting for CDC to work out bugs in application and final approval on hardware and operating system.

6. Project Estimated Cost:

	Actual FY 02	Current FY 03	Budget Req FY 04
Communication			
Travel		2,500	
Contracts		26,500	
Supplies		2,200	
Equipment Replacement			
Equipment Additional		45,000	
Software		1,800	
Total	0.00	78,000	0.00
Fund Type			
General			
Special			
Federal			
		78,000	
Reimburse			

7. Major Milestones: Installation 3rd Qtr Year 03, Testing 4th Qtr Year 03, Online Implementation 1st Qtr Year 04.
8. Managing For Results (MFR): To allow authorized surveillance staff access to the new E-HARS database via a Web browser.
9. List of Other Projects Impacted by this Project: NONE